PAGE 1 / 93

Image# 12971124342

#### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Author	ized Committee	Office Us	se Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
American Hospital Ass	sociation PAC			
ADDRESS (number and street)	325 Seventh Street, NW			
Check if different	Suite 700			
than previously reported. (ACC)	Washington		DC 20004	
2. FEC IDENTIFICATION N	UMBER ▼ CITY ▲		STATE A	ZIP CODE A
C C00106146	3. IS TH REPO		AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb 20 Report Due On:	(M2) May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 20	(M3) Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15	X Apr 20 (	M4) Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
Quarterly Report (0	(c) 12-Day  PRE-Election	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report (0	Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (0		M = M / D = D /	Y Y Y	in the
Year-End Report (\)  July 31 Mid-Year				State of
Report (Non-election Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election or	M = M / D = D /	Y W Y W Y	in the State of
5. Covering Period 03		through 03	31 201	12
certify that I have examined the	nis Report and to the best of my	knowledge and belief it is tru	ie, correct and complet	te.
Type or Print Name of Treasure	er Ms. Melinda Hatton			
Signature of Treasurer Ms. A	Melinda Hatton	[Electronically Filed]	pate 04 19	
NOTE: Submission of false, erron	neous, or incomplete information ma	ay subject the person signing th	nis Report to the penaltic	es of 2 U.S.C. §437g.
Office Use Only				FORM 3X lev. 12/2004

OI FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE F RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write or Type Committee Name		5
American Hospital Association PAC		
Report Covering the Period: From: 03	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	: 03 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		3059823.23
(b) Cash on Hand at  Beginning of Reporting Period	3169906.60	
(c) Total Receipts (from Line 19)	218616.02	469400.53
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3388522.62	3529223.76
7. Total Disbursements (from Line 31)	75725.87	216427.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3312796.75	3312796.75
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
X This committee has qualified as a multicand	didate committee. (see FEC FORM 1M)	
F	or further information contact:	

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American I	Hospital	Association	PAC
------------	----------	-------------	-----

ort Covering the Period: From: 03	01 2012 To	o: 03 31 2012		
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
•				
(i) Itemized (use Schedule A)	98135.35	149447.85		
(ii) Unitemized(iii) TOTAL (add	17604.00	33450.55		
Lines 11(a)(i) and (ii)▶	115739.35	182898.40		
,	0.00	0.00		
(such as PACs)	0.00	0.00		
11(a)(iii), (b), and (c)) (Carry		100000000		
Totals to Line 33, page 5)  fransfers From Affiliated/Other	115739.35	182898.40		
	102600.00	284215.00		
Il Loans Received	0.00	0.00		
	0.00	0.00		
· · · · · · · · · · · · · · · · · · ·	0.00	0.00		
	3.00	0.00		
	0.00	1500.00		
		7		
·	276.67	787.13		
(from Schedule H3)	0.00	0.00		
b) Levin Funds (from Schedule H5)	0.00	0.00		
c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
	I. Receipts  Contributions (other than loans) From:  a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	I. Receipts  Contributions (other than loans) From: a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
. Operating Expenditures: (a) Allocated Federal/Non-Federal	10101 11101 01100	Calcildar Tear to Bate			
Activity (from Schedule H4)					
(i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating					
Expenditures	975.87	1477.01			
(c) Total Operating Expenditures	075.97	1477.04			
(add 21(a)(i), (a)(ii), and (b))▶  Transfers to Affiliated/Other Party	975.87	1477.01			
Committees	0.00	0.00			
Contributions to Federal Candidates/Committees					
and Other Political Committees	74750.00	214950.00			
Independent Expenditures	0.00	0.00			
(use Schedule E) Coordinated Party Expenditures	7 7	7			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
,					
Loan Repayments Made	0.00	0.00			
Loans Made	0.00	0.00			
Refunds of Contributions To:	3.00				
(a) Individuals/Persons Other Than Political Committees	0.00	0.00			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees (such as PACs)	0.00	0.00			
(666). 66 17.669/	7 7				
(d) Total Contribution Refunds	0.00				
(add Lines 28(a), (b), and (c))▶	0.00	0.00			
Other Disbursements	0.00	0.00			
Cuter Dispursements	0.00				
Federal Election Activity (2 U.S.C. §431(20))					
(a) Allocated Federal Election Activity					
(from Schedule H6)	0.00	0.00			
(i) Federal Share					
(ii) "Levin" Share	0.00	0.00			
(b) Federal Election Activity Paid Entirely					
With Federal Funds	0.00	0.00			
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00			
	7				
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	75725.87	216427.01			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	75725.87	216427.01			

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

1 LO 1 01111 3X (11ev. 02/2003)		i age 3			
III. Net Contributions/Operating Expenditures					
3. Total Contributions (other than loans) (from Line 11(d), page 3)	115739.35	182898.40			
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00			
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	115739.35	182898.40			
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	975.87	1477.01			
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00			
8. Net Operating Expenditures (subtract Line 37 from Line 36)	975.87	1477.01			

Use separate schedule(s) for each category of the Detailed Summary Page

ı	FOR LI	PAGE	:	6	OF	93			
	(check only one)								
	X 11	a	11b		11c		12		
	13		14		15		16		17

	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Hospital Association	PAC	
Full Name (Last, First, Middle Initial)  Mr. Spencer L. Grover  Mailing Address 3636 Emily Way  City  Carmel  FEC ID number of contributing	State Zip Code IN 46033-4442	Date of Receipt  03 02 2012  Transaction ID: 19781020  Amount of Each Receipt this Period  500.00
federal political committee.  Name of Employer  Indiana Hospital Association  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation Hospital Association Vice President  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial)  Ms. Terri L Hill  Mailing Address 801 South Main Street  City  Clistop	State Zip Code IN 47842-2261	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Clinton  FEC ID number of contributing federal political committee.  Name of Employer Union Hospital Clinton  Receipt For:	Occupation Administrator	Amount of Each Receipt this Period  250.00
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Dr. Raymond V Ingham , Ph.D.  Mailing Address 217 East Drive  City Lebanon	State Zip Code IN 46052-1221	Date of Receipt  03
FEC ID number of contributing federal political committee.  Name of Employer  Witham Memorial Hospital  Receipt For:  Primary General  Other (specify) ▼	Occupation Hospital President and Chief Executive  Aggregate Year-to-Date   500.00	Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

93

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Douglas J Leonard Date of Receipt Mailing Address 1 American Sq Ste 900 03 2012 02 City Zip Code State Transaction ID: 19781026 IN Indianapolis 46282-0020 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Hospital Associaton President Indiana Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Gary A Meyer Date of Receipt Mailing Address 2280 Locust Court East 03 02 2012 City State Zip Code Transaction ID: 19781028 IN Seymour 47274-8672 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Schneck Medical Center President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Brian K. Ring Date of Receipt Mailing Address 1111 Fox Hollow Road 2012 03 02 City Zip Code State Transaction ID: 19781032 IN **New Castle** 47362-8949 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Henry County Hospital Hospital Chief Operating Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 8 Use separate schedule(s) (check only one) X 11a 11b 11c

OF

93

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Brian Tabor Date of Receipt Mailing Address 10762 Forest Lake Court 03 2012 02 City Zip Code State Transaction ID: 19781036 Indianapolis IN 46278-9610 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Indiana Hospital Association Hospital Association Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mrs. Bernice C. Ulrich Date of Receipt Mailing Address 4655 Running Brook Terrace 03 2012 02 City State Zip Code Transaction ID: 19781037 IN Greenwood 46143-9255 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Indiana Hospital Association Hospital Association Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Ms. Marlene Weatherwax Date of Receipt Mailing Address 6906 S. Five Points Road 2012 03 02 City Zip Code State Transaction ID: 19781039 IN Indianapolis 46259-9754 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Columbus Regional Hospital Vice President & Chief Financial Offic Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 9 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

93

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Linda E White Date of Receipt Mailing Address 5505 Timberlake Court 03 2012 02 City Zip Code State Transaction ID: 19781040 IN Evansville 47710-4134 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Hospital President and CEO Deaconess Health System Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Kevin M Pitzer Date of Receipt Mailing Address 3000 32nd Avenue South 03 05 2012 City State Zip Code Transaction ID: 19781044 ND Fargo 58103-6132 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Essentia Health Chief Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr Douglas Vang Date of Receipt Mailing Address 502 Harwood Dr. 2012 03 05 City Zip Code State Transaction ID: 19781045 ND Fargo 58104-6276 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation President Sanford Medical Center Fargo Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) X 11a 11b 11c

93

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Patrick Boran Date of Receipt Mailing Address 3300 Oakdale Avenue North 03 07 2012 City Zip Code State Transaction ID: 19782991 MN Robbinsdale 55422-2926 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Chief Financial Officer North Memorial Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Keith Okeson Date of Receipt Mailing Address 715 Delmore Avenue 03 2012 07 City State Zip Code Transaction ID: 19783035 MN Roseau 56751-1534 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation LifeCare Medical Center President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Marshall E Smith Date of Receipt Mailing Address 1013 Hart Boulevard 2012 03 07 City Zip Code State Transaction ID: 19783038 MN Monticello 55362-8575 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Chief Executive Officer New River Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

93

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Loren Taylor Date of Receipt Mailing Address 3300 Oakdale Avenue North 03 07 2012 City Zip Code State Transaction ID: 19783039 MN Robbinsdale 55422-2926 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Chief Executive Officer North Memorial Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Joan Miller Date of Receipt Mailing Address One North Franklin 03 16 2012 City State Zip Code Transaction ID: 19787914 IL Chicago 60606-3436 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation American Hospital Association-Chicago Education Program Manager, HRET Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Stephen M. Ahnen Date of Receipt Mailing Address 125 Airport Road 2012 03 12 City Zip Code State Transaction ID: 19788015 NH Concord 03301-7300 Amount of Each Receipt this Period FEC ID number of contributing 45.45 С federal political committee. Name of Employer Occupation President and CEO New Hampshire Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary General 227.25 Other (specify) 445.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 12 OF 93 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Sharon A. Gale MSN, RN Date of Receipt Mailing Address 101 Cambridge Street 03 2012 110 02 City Zip Code State Transaction ID: 19788019 MA 01803-3766 Burlington Amount of Each Receipt this Period FEC ID number of contributing C 262.50 federal political committee. Name of Employer Occupation Organization of Nurse Leaders of Massa Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Robert A Gundersen Date of Receipt Mailing Address 2001 Washington Street 03 09 2012 City State Zip Code Transaction ID: 19788093 MA **Braintree** 02184-8658 Amount of Each Receipt this Period FEC ID number of contributing 562.50 federal political committee. Name of Employer Occupation Kindred Hospital Northeast-Stoughton Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 562.50 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. Louis J Woolf Date of Receipt Mailing Address 1200 Centre Street 09 2012 03 City State Zip Code Transaction ID: 19788094 MA **Boston** 02131-1011 Amount of Each Receipt this Period FEC ID number of contributing 262.50 С federal political committee. Name of Employer Occupation President Hebrew Rehabilitation Center Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) 1087.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOF	LINE	NU	MBER	:	PAGE	•	13 OF	=	93
Use separate schedule(s)	(che	(check only one)								
for each category of the Detailed Summary Page	×	11a		11b		11c		12		
_ common common, conge		13		14		15		16		17

	and Statements may not be sold or used by any pering the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Hospital Associate	tion PAC	
Full Name (Last, First, Middle Initial)  Mr. William A McDonald		Date of Receipt
Mailing Address 50 Rutledge Court		03 16 2012
City	State Zip Code NJ 07020	Transaction ID: 19788642
Edgewater  EEC ID number of contributing		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer	Occupation	
St. Joseph's Regional Medical Center Receipt For:	President and Chief Executive Officer	_
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	750.00	
Full Name (Last, First, Middle Initial)  3. Mr. Sean J. Hopkins	<u>'</u>	Date of Receipt
Mailing Address 6180 Lower Mountain R		03 16 2012
City	State Zip Code	Transaction ID: 19788643
New Hope	PA 18938-5760	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.63
Name of Employer	Occupation	
New Jersey Hospital Association	Sr. VP., Health Economics	_
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1538.13	
Full Name (Last, First, Middle Initial)  C. Mr. Michael Maron	1	Date of Receipt
Mailing Address 345 Grove Street		03 16 2012
City Oradell	State         Zip Code           NJ         07649-2229	Transaction ID : 19788645  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1500.00
Name of Employer	Occupation	_
Holy Name Medical Center	President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
SUBTOTAL of Receipts This Page (option	nal)	2280.63
TOTAL This Period (last page this line nu	imber only)	

FOR LINE NUMBER: PAGE 14 OF 93 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Judith R. Miller RN, FAAN Date of Receipt Mailing Address 24-D Alton Place 03 2012 08 City Zip Code State Transaction ID: 19788647 Brookline MA 02446-6400 Amount of Each Receipt this Period FEC ID number of contributing C 350.00 federal political committee. Name of Employer Occupation MG&A. LLC Principal Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Mary Beth Kraus Date of Receipt Mailing Address 1445 N. Clinton Place 03 16 2012 City State Zip Code Transaction ID: 19788659 IL River Forest 60305-1205 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation American Hospital Association-Chicago Director, Constituency Section Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Joanne Carrocino Date of Receipt Mailing Address 903 Shore Drive 03 09 2012 City Zip Code State Transaction ID: 19788729 NJ Cape May 08204-2234 Amount of Each Receipt this Period FEC ID number of contributing 750.00 С federal political committee. Name of Employer Occupation President and Chief Executive Officer Cape Regional Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 1600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:					PAGE	15	OF	. (	93	
Use separate schedule(s) for each category of the	Ι`.		ck only	or	ne)			,			
Detailed Summary Page		×	11a		11b		11c	12		_	
, ,			13		14		15	16	,		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Neil Eicher Date of Receipt Mailing Address 760 Alexander Road 03 09 2012 City State Zip Code Transaction ID: 19788740 08540-6305 Princeton NJ Amount of Each Receipt this Period FEC ID number of contributing C 7.50 federal political committee. Name of Employer Occupation **Deputy Director New Jersey Hospital Association** Receipt For: Aggregate Year-to-Date ▼ Primary General 757.50 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Sean J. Hopkins Date of Receipt Mailing Address 6180 Lower Mountain Road 03 2012 09 City State Zip Code Transaction ID: 19788744 New Hope PΑ 18938-5760 Amount of Each Receipt this Period FEC ID number of contributing 7.50 federal political committee.

	Name of Employer				
	New Jersey Hospital Association	Jersey Hospital Association Sr. VP., Health Economics			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1507.50			
C.	Full Name (Last, First, Middle Initial) Ms. Patricia Ostaszewski		Date of Receipt		
	Mailing Address 54 Bay Way		03		
	City	State Zip Code	Transaction ID: 19788756		
	Brick	NJ 08723-7361	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	750.00		
	Name of Employer	Occupation			
	HEALTHSOUTH Rehabilitation Hospital of	Chief Executive Officer			
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 750.00			

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

765.00

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

93

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. David P Tilton Date of Receipt Mailing Address 624 Park Place 03 2012 09 City Zip Code State Transaction ID: 19788761 Galloway NJ 08205-6014 Amount of Each Receipt this Period FEC ID number of contributing 750.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer AtlantiCare Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. John M. Haupert FACHE Date of Receipt Mailing Address 1065 Peachtree Street NE Unit #310 03 15 2012 City State Zip Code Transaction ID: 19788765 GA Atlanta 30309-3923 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Grady Health System President & CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. James Dunn Date of Receipt Mailing Address 2406 Worchester Rd 03 15 2012 City Zip Code State Transaction ID: 19788768 Midlothian VA 23113-6058 Amount of Each Receipt this Period FEC ID number of contributing 350.00 С federal political committee. Name of Employer Occupation Bon Secours-Richmond Community Hospita Vice President Advocacy & Communicatio Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 1600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOF	R LINE	NU	IMBER	:	PAGE	•	17 OF	=	93
Use separate schedule(s)	(che	ck only	or or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association	on PAC	
Full Name (Last, First, Middle Initial)  A. Mr. Mark H Merrill		Date of Receipt
Mailing Address 220 Campus Boulevard, S	Suite 310	03 15 2012
City	State Zip Code	Transaction ID : 19788770
Winchester	VA 22601-2889	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer	Occupation	
Valley Health System	President	
Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) <b>B.</b> Mr. James Bogan		Date of Receipt
Mailing Address 500 Campus Drive		03 14 2012
City	State Zip Code	Transaction ID: 19788771
Hancock	MI 49930-1569	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Portage Health	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial)  C. Mr. Gary Henriksen		Date of Receipt
Mailing Address 350 Crosswind Drive		03 14 2012
City	State Zip Code	Transaction ID: 19788772
Dimondale	MI 48821-9795	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	525.00
Name of Employer	Occupation	1
Michigan Health & Hospital Association	Chief Finance Officer	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	525.00	
SUBTOTAL of Receipts This Page (optional	) <b>&gt;</b>	1225.00

FOR LINE NUMBER: PAGE 18 OF 93 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Greg Lane Date of Receipt Mailing Address 1596 South Hill Circle 2012 03 City Zip Code State Transaction ID: 19788773 Bloomfield MI 48304-1121 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation Senior Vice President and Chief Admini Lapeer Regional Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Duane Rossman Date of Receipt Mailing Address 1902 W. Yakima Avenue 03 16 2012 City State Zip Code Transaction ID: 19788799 WA Yakima 98902-2920 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation Yakima Valley Memorial Hospital Trustee Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Terry Bridges Date of Receipt Mailing Address One Park Plaza 03 19 2012 Building 1, 1-E City Zip Code State Transaction ID: 19789102 TN Nashville 37203-6527 Amount of Each Receipt this Period FEC ID number of contributing 350.00 С federal political committee. Name of Employer Occupation **HCA** Vice President, Behavioral Health Serv Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 1050.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 19 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

93

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Paul Belcher Date of Receipt Mailing Address Route 15 Box 241 03 2012 City State Zip Code Transaction ID: 19793099 FL Tallahassee 32311 Amount of Each Receipt this Period FEC ID number of contributing 1200.00 federal political committee. Name of Employer Occupation Senior Vice President Florida Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. William A. Bell Date of Receipt Mailing Address 944 Gentian Court 03 13 2012 City State Zip Code Transaction ID: 19793100 FL Tallahassee 32312-1228 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Florida Hospital Association General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Cynthia Blair Date of Receipt Mailing Address 7935 Preservation Road 2012 03 13 City State Zip Code Transaction ID: 19793185 FL Tallahassee 32312-6766 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Vice President Tallahassee Memorial HealthCare Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 2450.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -9

	FOR I	LINE NU	JMBER:	:	PAGE	. 2	20 OF	:	93
Use separate schedule(s)	(check	k only or	ne)						
for each category of the Detailed Summary Page	X 1	11a	11b		11c		12		
	1	13	14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Martha DeCastro RN, MS, CI Date of Receipt Mailing Address 1036 Alameda Drive 03 2012 City State Zip Code Transaction ID: 19793190 FL Tallahassee 32317-9577 Amount of Each Receipt this Period FEC ID number of contributing 750.00 federal political committee. Name of Employer Occupation Vice President for Nursing Florida Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms Barbara Flynn Date of Receipt Mailing Address 307 Park Lake Circle 03 2012 13 City State Zip Code Transaction ID: 19793192 FL Orlando 32803-3923 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Florida Hospital Association VP, Health Info Mgmt Services Receipt For:

Full Name (Last, First, Middle Initial) c. Mr. Ralph Glatfelter Date of Receipt Mailing Address 7285 Heartland Circle 2012 03 13 City State Zip Code Transaction ID: 19793196 FL Tallahassee 32312-7501 Amount of Each Receipt this Period FEC ID number of contributing C 1800.00 federal political committee. Name of Employer Occupation Senior Vice President Florida Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary

500.00

1800.00

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional)		7		7	305	0.00	
TOTAL This Period (last page this line number only)		7		7	_	_	

Primary

Other (specify)

Other (specify)

General

General

FOR LINE NUMBER: PAGE 21 OF 93 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Kathy Holzer Date of Receipt Mailing Address 306 East College Avenue 03 2012 City State Zip Code Transaction ID: 19793200 FL Tallahassee 32301-1522 Amount of Each Receipt this Period FEC ID number of contributing 700.00 federal political committee. Name of Employer Occupation Vice President, Health Policy Florida Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Christine Johnson Date of Receipt Mailing Address 306 East College Avenue 03 2012 13 City State Zip Code Transaction ID: 19793202 FL Tallahassee 32301-1522 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Florida Hospital Association Director of Advocacy Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Stephen R Mason Date of Receipt Mailing Address 16255 Bay Vista Dr 2012 03 13 City State Zip Code Transaction ID: 19793283 FL Clearwater 33760-3127 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation President & CEO BayCare Health System Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOR LINE NUMBER:	PAGE 22 OF 9	93
Use separate schedule(s)	(check only one)		
for each category of the Detailed Summary Page	X 11a 11b	11c 12	
- commercial commency of angle	13 14	15 16 .	17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association	PAC	
Full Name (Last, First, Middle Initial)  Mr. John E. Mines  Mailing Address 1991 Killarney Drive		Date of Receipt
City	State Zip Code	03 13 2012 Transaction ID : 19793287
Winter Park	FL 32789-3527	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1001.00
Name of Employer	Occupation	-
Florida Hospital Association	Senior Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1001.00	
Full Name (Last, First, Middle Initial)  3. Mr. Jason H Moore	I	Date of Receipt
Mailing Address 1300 Miccosukee Road		03 13 2012
City	State Zip Code	Transaction ID : 19793291
Tallahassee	FL 32308-5054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Tallahassee Memorial HealthCare	Occupation Vice President and Chief Operating Off	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)	<u>I</u>	2. (2. )
Mr. G. Mark O'Bryant  Mailing Address 1300 Miccosukee Road		Date of Receipt  03 13 2012
City	State Zip Code	Transaction ID: 19793292
Tallahassee	FL 32308-5054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	-
Tallahassee Memorial HealthCare	President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		2501.00
TOTAL This Period (last page this line numbe	r only)	

### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 23 OF 93 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Gregory P. Ohe Date of Receipt Mailing Address 10000 West Colonial Drive 03 2012 City Zip Code State Transaction ID: 19793293 FL Ocoee 34761-3493 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Senior Vice President Health Central Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Rich Rasmussen Date of Receipt Mailing Address 405 El Destinado Drive 03 13 2012 City State Zip Code Transaction ID: 19793294 FL Tallahassee 32301-1522 Amount of Each Receipt this Period FEC ID number of contributing 1002.00 federal political committee. Name of Employer Occupation Florida Hospital Association VP for Strategic Communications Receipt For: Aggregate Year-to-Date ▼ Primary General 1002.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Kathy A. Reep Date of Receipt Mailing Address 19 W. New Hampshire 2012 03 13 City State Zip Code Transaction ID: 19793295 FL Orlando 32804-5911 Amount of Each Receipt this Period FEC ID number of contributing 750.00 С federal political committee. Name of Employer Occupation Florida Hospital Association - Orlando Vice President, Financial Services Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 2002.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 24 OF 93 Use separate schedule(s)

TEMIZED RECEIPT	S	for each category of the Detailed Summary Page	X   11a
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (I American Hospita			
Other (specify) ▼	College Avenue  State FL  Uting  Occupation President  Aggregate	Zip Code 32301-1522 Year-to-Date ▼	Date of Receipt  03 13 2012  Transaction ID: 19793301  Amount of Each Receipt this Period  1500.00
Full Name (Last, First, Michael Ms. Kim Streit  Mailing Address 1317 East  City Orlando  FEC ID number of contributed committee.  Name of Employer Florida Hospital Association  Receipt For:  Primary  George George Other (specify)	State FL  Uting  Occupation VP, Health I	Zip Code 32804-6309  Research & Information  Year-to-Date ▼  750.00	Date of Receipt  03 13 2012  Transaction ID: 19793302  Amount of Each Receipt this Period  750.00
Full Name (Last, First, Michael Mr. John Wilgis  Mailing Address 307 Park  City Orlando  FEC ID number of contributed committee.  Name of Employer Florida Hospital Association Receipt For:  Primary Other (specify)	State FL  Uting  Occupation Director, Er	Zip Code 32803-3923  mergency Mgmt. Svcs.  Year-to-Date ▼  1200.00	Date of Receipt  03 13 2012  Transaction ID: 19793308  Amount of Each Receipt this Period  1200.00
SUBTOTAL of Receipts This	Page (optional)		3450.00
TOTAL This Period (last page	ge this line number only)		

	FOR	LINE N	JU	MBER	:	PAGE	2	25 OF	=	93
Use separate schedule(s)	(chec	k only	on	ie)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
	I □.	13		14		15		16		17

	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Hospital Associatio	n PAC	
Full Name (Last, First, Middle Initial)  Mr. John A Matessino  Mailing Address, 0524 Produling Augusta		Date of Receipt
Mailing Address 9521 Brookline Avenue		03 15 2012
City	State Zip Code	Transaction ID : 19793327
Baton Rouge	LA 70809-8409	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer	Occupation	
Louisiana Hospital Association	President & Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1250.00	
Full Name (Last, First, Middle Initial)  Ms. Teri G Fontenot	·	Date of Receipt
Mailing Address P O Box 95009		03 15 2012
City	State Zip Code LA 70895-9009	Transaction ID : 19793328
Baton Rouge	LA 70895-9009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer	Occupation	1
Woman's Hospital	President and Chief Executive Officer	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial)  C. Mr. Sean M. Prados		Date of Receipt
Mailing Address 9521 Brookline Avenue		03 15 2012
City Baton Rouge	State Zip Code LA 70809-8409	Transaction ID : 19793329  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer	Occupation	-
Louisiana Hospital Association	Executive Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	750.00	
SUBTOTAL of Receipts This Page (optional)		4500.00
TOTAL This Period (last page this line numb	er only)	

	FOR LINE	NUMBER	: PAGE	E 26 OF	93
Use separate schedule(s)	(check onl	ly one)			
for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12	
,,	13	14	15	16	<b>17</b>

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any person name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association	PAC	
Full Name (Last, First, Middle Initial)  Mr. Paul A. Salles  Mailing Address 2450 Severn Avenue, Suite 2	210	Date of Receipt
		03 15 2012
City	State Zip Code	Transaction ID: 19793330
Metairie	LA 70001-6942	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	750.00
Name of Employer	Occupation	
Metropolitan Hospital Council of New O	Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial)  Mr. John J Finan Jr	•	Date of Receipt
Mailing Address 4200 Essen Lane	7.0.1	03 15 2012
City	State Zip Code LA 70809-2196	Transaction ID : 19793331
Baton Rouge	LA 70809-2196	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer Franciscan Missionaries of Our Lady He	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial)  C. Mr. Larry M Graham		Date of Receipt
Mailing Address 1701 Oak Park Boulevard		03 15 2012
City	State Zip Code	Transaction ID: 19793332
Lake Charles	LA 70601-8911	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer	Occupation	1
Lake Charles Memorial Hospital	President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	2250.00
TOTAL This Period (last page this line number	r only)	

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 27 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) American Hospital Association P.	AC	
Receipt For:  Primary General  Other (specify) ▼	State Zip Code LA 70121-2484  C  Occupation Chief Executive Officer  Aggregate Year-to-Date ▼  750.00	Date of Receipt  03 15 2012  Transaction ID: 19793333  Amount of Each Receipt this Period  750.00
Children's Hospital	State Zip Code LA 70118-5798  C  Occupation  President and Chief Executive Officer  Aggregate Year-to-Date ▼  750.00	Date of Receipt  03 15 2012  Transaction ID: 19793334  Amount of Each Receipt this Period  750.00
Full Name (Last, First, Middle Initial)  Mr. Milton D Bourgeois Jr  Mailing Address 4608 Highway 1  City Raceland  FEC ID number of contributing federal political committee.  Name of Employer  Ochsner St. Anne General Hospital  Receipt For:  Primary General Other (specify)	State Zip Code LA 70394-2623  C  Occupation Chief Executive Officer  Aggregate Year-to-Date ▼  500.00	Date of Receipt  03
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number or	·	2000.00

	FOR L	LINE N	IUMBER:		PAGE	. 2	28 C	)F
Use separate schedule(s)	(check	conly of	one)	_				
for each category of the Detailed Summary Page	\   X   1	I1a		1	11c		12	
	I □₁	13	14		15		16	[

		1.0
	d Statements may not be sold or used by any per- the name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Hospital Association	on PAC	
Full Name (Last, First, Middle Initial) Mr. John William Davis MBA  Mailing Address 1001 Gause Boulevard  City Slidell  FEC ID number of contributing federal political committee.  Name of Employer Slidell Memorial Hospital  Receipt For:  Primary General Other (specify)	State Zip Code LA 70458-2939  C  Occupation Acting CEO/CFO  Aggregate Year-to-Date ▼  250.00	Date of Receipt  03 15 2012  Transaction ID: 19793336  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Ms. Nancy R Cassagne  Mailing Address 1101 Medical Center Bould  City  Marrero  FEC ID number of contributing federal political committee.  Name of Employer  West Jefferson Medical Center  Receipt For:  Primary  General  Other (specify)	State Zip Code LA 70072-3147  C  Occupation Chief Executive Officer  Aggregate Year-to-Date  250.00	Date of Receipt  03 15 2012  Transaction ID: 19793337  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Mr. J William Hankins FACHE  Mailing Address P O Box 2509  City Sulphur  FEC ID number of contributing federal political committee.  Name of Employer  West Calcasieu Cameron Hospital  Receipt For:  Primary General Other (specify)	State Zip Code LA 70664-2509  C  Occupation Chief Executive Officer  Aggregate Year-to-Date ▼  250.00	Date of Receipt  03 15 2012  Transaction ID: 19793338  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)	) <b>&gt;</b>	750.00
TOTAL This Period (last page this line numb	per only)	

### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 29 OF 93 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Brandon J Moore Date of Receipt Mailing Address 901 Wilson Street 03 2012 City State Zip Code Transaction ID: 19793341 Lafayette LA 70503-2439 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Chief Executive Officer Park Place Surgical Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Mr. Keith E Heuser Date of Receipt Mailing Address 570 Chautauqua Boulevard 03 19 2012 City State Zip Code Transaction ID: 19793349 ND Valley City 58072-3145 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation Mercy Hospital Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Peter J Karl Date of Receipt Mailing Address 71 Haynes Street 2012 03 19 City State Zip Code Transaction ID: 19793350 CT Manchester 06040-4131 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer Eastern Connecticut Health Network Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOF	R LINE	NU	IMBER	:	PAGE	3	30 O	F	93
Use separate schedule(s)	(check only one)									
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		717

or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association		o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Ms. Mary B Maertens  Mailing Address 300 South Bruce Street  City  Marshall  FEC ID number of contributing federal political committee.  Name of Employer  Avera Marshall Regional Medical Center  Receipt For:  Primary  General  Other (specify)	State Zip Code MN 56258-3901  C  Occupation  President and Chief Executive Officer  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Mr. Carl P Vaagenes  Mailing Address 111 17th Avenue East  City  Alexandria  FEC ID number of contributing federal political committee.  Name of Employer  Douglas County Hospital  Receipt For:  Primary General Other (specify)	State Zip Code MN 56308-5273  C  Occupation Chief Executive Officer  Aggregate Year-to-Date ▼  250.00	Date of Receipt  03 19 2012  Transaction ID: 19793358  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Mr. Warner L Thomas  Mailing Address 1514 Jefferson Highway  City  New Orleans  FEC ID number of contributing federal political committee.  Name of Employer  Ochsner Health System  Receipt For:  Primary  General  Other (specify)	State Zip Code LA 70121-2429  C  Occupation President and Chief Operating Officer  Aggregate Year-to-Date ▼  1000.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1750.00

FOR LINE NUMBER: PAGE 31 OF 93 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Dr. Patricia R Recupero Date of Receipt Mailing Address 345 Blackstone Boulevard 03 2012 City Zip Code State Transaction ID: 19794458 RΙ Providence 02906-4800 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer **Butler Hospital** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Bruce D Cummings Date of Receipt Mailing Address 365 Montauk Avenue 03 19 2012 City State Zip Code Transaction ID: 19794459 New London CT 06320-4700 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Lawrence & Memorial Hospital President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Thomas W Huebner Date of Receipt Mailing Address 160 Allen Street 03 19 2012 City Zip Code State Transaction ID: 19794460 Rutland VT 05701-4560 Amount of Each Receipt this Period FEC ID number of contributing 350.00 С federal political committee. Name of Employer Occupation President Rutland Regional Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 2350.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 32 OF 93 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Dr. Bruce Schwartz MD Date of Receipt Mailing Address 39 Sheldon Street 03 2012 City Zip Code State Transaction ID: 19795107 NY Ardsley 10502-2504 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Executive Vice Chairman Clinical Affai Montefiore Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Carolyn W Caldwell Date of Receipt Mailing Address 19600 East 39th Street 03 2012 23 City State Zip Code Transaction ID: 19798927 MO Independence 64057-2301 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Centerpoint Medical Center President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. John E Blue II Date of Receipt Mailing Address P.O. Box 263 2012 03 26 City State Zip Code Transaction ID: 19798958 AL Anniston 36202-0263 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Northeast Alabama Regional Medical Cen Trustee Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:   PAGE 33					33 OF			
Use separate schedule(s)	(check only one)								
for each category of the Detailed Summary Page	X 1	1a		11b		11c		12	
	I □1	з Г		14		15		16	

93

	nd Statements may not be sold or used by any personant the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Hospital Association	on PAC	
Full Name (Last, First, Middle Initial)  Mr. Larry W Walker  Mailing Address 4848 Hastings Drive		Date of Receipt
City	State Zip Code	03 26 2012 Transaction ID : 19798963
Lake Oswego	OR 97035-5745	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Walker Company, The	Occupation President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)  3. Ms. Mary Longe  Mailing Address One North Franklin		Date of Receipt
One North Franklin		03 24 2012
City	State Zip Code	Transaction ID : 19798965
Chicago  FEC ID number of contributing federal political committee.	IL 60606-3436	Amount of Each Receipt this Period  250.00
Name of Employer American Hospital Association-Chicago	Occupation Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  C. Mr. David Entwistle	·	Date of Receipt
Mailing Address 50 North Medical Drive		Date of Receipt  03 27 2012
City Salt Lake City	State Zip Code UT 84132-0001	Transaction ID : 19798971  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer	Occupation	-
University of Utah Health Care - Hospi	Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	)	2250.00
TOTAL This Period (last page this line numl	<u> </u>	

### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 34 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

93

ITEMIZED RECEIPTS for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Dr. Lanny R Copeland Date of Receipt Mailing Address 103 Powell Court, Suite 200 03 2012 27 City Zip Code State Transaction ID: 19798976 TN Brentwood 37027-5079 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation Chief Medical Officer LifePoint Hospitals, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Penny Brooke Date of Receipt Mailing Address 2879 Jennie Lane 03 2012 27 City State Zip Code Transaction ID: 19798978 UT Salt Lake City 84117-5513 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation Intermountain Healthcare, Inc Trustee Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Joe Philipp Date of Receipt Mailing Address 6800 North MacArthur Boulevard 2012 03 27 City State Zip Code Transaction ID: 19798987 TX Irving 75039-2422 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Las Colinas Medical Center Chairman Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOR LINE I	NUMBER	:   PAGI	= 35 OI	- 9			
Use separate schedule(s)	(check only one)							
for each category of the Detailed Summary Page	X 11a	11b	11c	12				
	13	14	15	16				

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Hospital Association	PAC	
Full Name (Last, First, Middle Initial)  Dr. Mary Joy Drass M.D.  Mailing Address 5565 Sterrett Place  5th Floor  City  Columbia  FEC ID number of contributing federal political committee.  Name of Employer  MedStar Health  Receipt For:  Primary  General  Other (specify)	State Zip Code MD 21044-2665  C  Occupation Executive Vice President-Washington Re  Aggregate Year-to-Date ▼  500.00	Date of Receipt  03 27 2012  Transaction ID: 19798992  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  3. Mr. Robert W Shroder  Mailing Address 1044 Belmont Avenue  City	State Zip Code	Date of Receipt  03
Youngstown  FEC ID number of contributing federal political committee.  Name of Employer	OH 44504-1006  C	Amount of Each Receipt this Period  1000.00
St. Joseph Health Center  Receipt For:  Primary  General  Other (specify)	President and Chief Executive Officer  Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial)  Ms. Cynthia Moore-Hardy  Mailing Address 7590 Auburn Road  City Painesville  FEC ID number of contributing federal political committee.  Name of Employer  Lake Health  Receipt For:  Primary  Other (specify)	State Zip Code OH 44077-9176  C  Occupation President and Chief Executive Officer  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  03 22 2012  Transaction ID: 19799016  Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	2500.00
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER: PAGE 36 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

93

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Olas A Hubbs III Date of Receipt Mailing Address 500 London Avenue 03 2012 City Zip Code State Transaction ID: 19799017 OH Marysville 43040-5512 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer Memorial Hospital of Union County Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Mary M. Yost Date of Receipt Mailing Address 924 Riva Ridge Boulevard 03 2012 22 City State Zip Code Transaction ID: 19799020 OH Gahanna 43230-3825 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Ohio Hospital Association Vice President, Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Stephen L Schwalbe Date of Receipt Mailing Address 10500 Montgomery Road 2012 03 22 City Zip Code State Transaction ID: 19799021 OH Cincinnati 45242-4402 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Bethesda North Hospital Senior Vice President Strategy, Commun Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 37 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

93

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Melvin H Fahs Date of Receipt Mailing Address 208 North Columbus Street 03 2012 City Zip Code State Transaction ID: 19799044 OH Hicksville 43526-1250 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Chief Executive Officer Community Memorial Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Mina H Ubbing Date of Receipt Mailing Address 401 North Ewing Street 03 2012 22 City State Zip Code Transaction ID: 19799045 OH Lancaster 43130-3372 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Fairfield Medical Center President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Susan Stanfield Date of Receipt Mailing Address 6218 Muirlock Court 2012 03 22 City Zip Code State Transaction ID: 19799046 OH Dublin 43017 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation President and Chief Executive Officer OHA Insurance Solutions, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 38 OF

TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	١,	ck only 11a 13	1	)  11b	11c	12	<u> </u>	17
ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)									

American Hospital Association	on PAC	
Full Name (Last, First, Middle Initial)  Mr. Michael Abrams		Date of Receipt
Mailing Address 155 East Broad Street		03 22 2012
City	State Zip Code	Transaction ID: 19799047
Columbus	OH 43215-3609	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer	Occupation	
Ohio Hospital Association	President and CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2500.00	
Full Name (Last, First, Middle Initial)  3. Mr. Charles Cataline		Date of Receipt
Mailing Address 111 E. Frankfort St.		03 22 2012
City	State Zip Code	Transaction ID: 19799048
Columbus	OH 43206-2011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer	Occupation	
Ohio Hospital Association	Senior Director, Health Policy	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial)  C. Mr. Frederick Frank		Date of Receipt
Mailing Address 7817 Westbury Ct		03 22 2012
City	State Zip Code	Transaction ID: 19799050
Dublin	OH 43016-8546	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer	Occupation	
Ohio Hospital Association	Director, State Policy & Advocacy	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (optional	l)	3200.00
TOTAL This Period (last page this line num	ber only)	

FOR LINE NUMBER: PAGE 39 OF 93 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Bridget A. Gargan Date of Receipt Mailing Address 54 West Weisheimer Road 03 2012 City Zip Code State Transaction ID: 19799083 OH Columbus 43214-2545 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Vice President, State Policy & Advocac Ohio Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. William Kose MD Date of Receipt Mailing Address 1900 South Main Street 03 2012 22 City State Zip Code Transaction ID: 19799089 OH **Findlay** 45840-1214 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Blanchard Valley Health System Senior Vice President Medical Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Edward C Gambrell Jr. Date of Receipt Mailing Address 405 Golden Place 2012 03 21 City State Zip Code Transaction ID: 19799093 GA Clarkesville 30523-8408 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Administrator Stephens County Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 40 OF 93 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Norma J Morgan Date of Receipt Mailing Address P O Box 386 03 2012 21 City Zip Code State Transaction ID: 19799119 GA 31329-0386 Springfield Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Chief Executive Officer Effingham Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Rhett C. Partin Date of Receipt Mailing Address 80 Laurel Pine Lane 03 2012 21 City State Zip Code Transaction ID: 19799122 GA Nashville 31639-9537 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Batson Cook VP of Business Development Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Richard K. Reiner Date of Receipt Mailing Address 3949 South Cobb Drive SE 2012 03 21 City Zip Code State Transaction ID: 19799123 GA Smyrna 30080-6342 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation President/CEO **Emory-Adventist Hospital** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 41 OF 93 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Cindy R Turner Date of Receipt Mailing Address P O Drawer 1987 03 2012 21 City State Zip Code Transaction ID: 19799125 GΑ Alma 31510-1987 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Chief Executive Officer Bacon County Hospital and Health Syste Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Steven R Michaud Date of Receipt Mailing Address 33 Fuller Road 03 2012 21 City State Zip Code Transaction ID: 19799429 ME Augusta 04330-4910 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Maine Hospital Association President Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Lynn B Nicholas Date of Receipt Mailing Address 5 New England Executive Park 2012 03 22 City State Zip Code Transaction ID: 19799430 MA Burlington 01803-5010 Amount of Each Receipt this Period FEC ID number of contributing 1300.00 С federal political committee. Name of Employer Occupation President and Chief Executive Officer Massachusetts Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary General 1300.00 Other (specify) 2050.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 42 OF Use separate schedule(s) (check only one) X 11a 11b 11c

93

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Michael E. Sroczynski Esq. Date of Receipt Mailing Address 681 East 5th Street 03 2012 #2 City Zip Code State Transaction ID: 19799431 **Boston** MA 02127-3201 Amount of Each Receipt this Period FEC ID number of contributing 375.00 federal political committee. Name of Employer Occupation Massachusetts Hospital Association Vice President, Government Relations Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Ms. Audrey Meyers Date of Receipt Mailing Address 251 Highland Avenue 03 2012 23 City State Zip Code Transaction ID: 19799452 NJ Ridgewood 07450-2726 Amount of Each Receipt this Period FEC ID number of contributing 1500.00 federal political committee. Name of Employer Occupation Valley Health System President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Webster B. Trammell Date of Receipt Mailing Address 300 Second Avenue 03 23 2012 City Zip Code State Transaction ID: 19799454 NJ Long Branch 07740-6303 Amount of Each Receipt this Period FEC ID number of contributing 375.00 С federal political committee. Name of Employer Occupation Chair of the Board Barnabas Health Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) 2250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE	NUMBER:	PAGE	= 43 O	- 9
Use separate schedule(s)	(check only	one)			
for each category of the Detailed Summary Page	X   11a	11b	11c	12	
zotanou cummary r ago	13	14	15	16	

	Statements may not be sold or used by any personne name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Hospital Association	PAC	
Full Name (Last, First, Middle Initial)  Ms. Amy B Mansue  Mailing Address 17 Powell Street		Date of Receipt
011	7: 0.1	03 23 2012
City Hightstown	State Zip Code NJ 08520-3014	Transaction ID : 19799455
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  1500.00
Name of Employer Children's Specialized Hospital	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial)  Ms. Aline M. Holmes  Mailing Address 40 Abb (and British		Date of Receipt
Mailing Address 19 Ashford Drive		03 23 2012
City Plainsboro	State Zip Code NJ 08536-3632	Transaction ID : 19799456
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer New Jersey Hospital Association	Occupation Senior VP, Clinical Affairs	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial)  C. Mr. Chris Hammes		D. (D. )
Mailing Address 3300 NW Expressway		Date of Receipt  03 26 2012
City Oklahoma City	State Zip Code OK 73112-4418	Transaction ID : 19799473  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Integris Baptist Medical Center	President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)		3250.00
TOTAL This Period (last page this line number		

FOR LINE NUMBER: PAGE 44 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

93

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Jane McDowell Date of Receipt Mailing Address P O Box 90 2012 03 26 City Zip Code State Transaction ID: 19799620 OK Waurika 73573-0090 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Administrator Jefferson County Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Jaconna Tiller Date of Receipt Mailing Address 3300 NW Expressway 03 26 2012 City State Zip Code Transaction ID: 19799666 OK Oklahoma City 73112-4418 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Integris Baptist Medical Center Vice President, Patient Care Services Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Paul Summergrad Date of Receipt Mailing Address 800 Washington Street 03 30 2012 City Zip Code State Transaction ID: 19801475 MA **Boston** 02111-1552 Amount of Each Receipt this Period FEC ID number of contributing 350.00 С federal political committee. Name of Employer Occupation **Tufts Medical Center** Chairman Psychiatry Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 1100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR	LINE	NU	MBER	:	PAGE	 I5 OF	
Use separate schedule(s)	(checl	k only	on	ie)				
for each category of the Detailed Summary Page	X	11a		11b		11c	12	
		13		14		15	16	

93

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NAME OF COMMITTEE (In Full) American Hospital Association	n PAC	
Full Name (Last, First, Middle Initial)  Ms. Rita M. Turley MS, RN		Date of Receipt
Mailing Address 351 Morningside Lane Nort	h 	03 29 2012
City Billings	State Zip Code MT 59105-2873	Transaction ID : 19829493  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Turley Consulting	Occupation President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial)  Ms. Pamela T. Rudisill		Date of Receipt
Mailing Address 17225 Royal Court Drive		03 29 2012
City Davidson	State Zip Code NC 28036-7843	Transaction ID : 19829739  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Health Management Associates	Occupation Vice President Nursing/Patient Safety	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Dr. Arlene Stein		Date of Receipt
Mailing Address 5965 Wilson Rd.		03 29 2012
City Colorado Springs	State Zip Code CO 80919-3553	Transaction ID : 19829938  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer	Occupation Chairman	
Memorial Health System  Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  350.00	
SUBTOTAL of Receipts This Page (optional).		1200.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 46 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12

93

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Linda J Knodel Date of Receipt Mailing Address 1235 East Cherokee Street 03 2012 City Zip Code State Transaction ID: 19830005 MO Springfield 65804-2203 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation St. John's Hospital Chief Nursing Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Carol Bradley MSN, RN, C Date of Receipt Mailing Address 1919 Nw Lovejoy St 03 29 2012 City State Zip Code Transaction ID: 19830015 OR Portland 97209-1503 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Legacy Health System Senior Vice President and Chief Nursin Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mrs. Rhonda Anderson Date of Receipt Mailing Address 1400 South Dobson Road 03 29 2012 City Zip Code State Transaction ID: 19830018 ΑZ Mesa 85202-4707 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Chief Executive Officer Cardon Children's Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1350.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE I	NUMBER:	PAGE	E 47 O	)F 9
Use separate schedule(s)	(check only	one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
Dotailou Guilliai y 1 ago	13	14	15	16	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Linda Von Reyn Date of Receipt Mailing Address PO Box 932 03 2012 29 City Zip Code State Transaction ID: 19830036 NH Enfield 03748-0932 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Dartmouth-Hitchcock Medical Center Chief Nursing Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Anthony Spezia Date of Receipt Mailing Address 100 Fort Sanders West Boulevard 03 29 2012 City State Zip Code Transaction ID: 19830045 TN Knoxville 37922-3353 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Covenant Health President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. John lacuone M.D. Date of Receipt Mailing Address 4101 Indian School Rd. NE 2012 03 29 City Zip Code State Transaction ID: 19830046 NM Albuquerque 87110-3988 Amount of Each Receipt this Period FEC ID number of contributing 350.00 С federal political committee. Name of Employer Occupation Lovelace Health Systems Senior Medical Director Receipt For: Aggregate Year-to-Date ▼

350.00

Primary

Other (specify)

General

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 48 OF 93 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Patricia J. Crome MN, RN, FA Date of Receipt Mailing Address 117 East Louisa Street #153 2012 03 City Zip Code State Transaction ID: 19830098 WA Seattle 98102-3203 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation Rona Consulting Principal Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Gladys M. Campbell Date of Receipt Mailing Address 2220 NW Aspen Avenue 03 29 2012 City State Zip Code Transaction ID: 19830099 OR Portland 97210-1219 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation Northwest Organization of Nurse Execut Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Kevin Whitney RN, MA, NE Date of Receipt Mailing Address 133 Old Road To 9 Acre Cor 03 29 2012 City Zip Code State Transaction ID: 19830158 MA Concord 01742-4159 Amount of Each Receipt this Period FEC ID number of contributing 350.00 С federal political committee. Name of Employer Occupation Massachusetts General Hospital Associate Chief Nurse Patient Care Srv Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 1050.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LIN	iE NUI	MBER:	:	PAGE	. 4	19 OF	
Use separate schedule(s)	(check o	nly on	e)					
for each category of the	X 11a	_	است		ا بد		مدا	
Detailed Summary Page	\( \simeq \) 11a		11b		11C		12	
,	1 13		14		15		16	

93

	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Hospital Association	n PAC	
Full Name (Last, First, Middle Initial)  Ms. Jessie Munn RSN, MSN  Mailing Address, 2044 Weshington St		Date of Receipt
Mailing Address 2014 Washington St		03 29 2012
City	State Zip Code	Transaction ID : 19830159
Newton Lower Falls	MA 02462-1607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer	Occupation	-
Newton-Wellesley Hospital	Director, Medical/Surgical IC Nursing	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  3. Ms. Lisa Dugan PHD, RN,NE		Date of Receipt
Mailing Address 44045 Riverside Parkway		03 29 2012
City	State Zip Code	Transaction ID: 19830170
Leesburg	VA 20176-5101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	350.00
Name of Employer	Occupation	1
Inova Loudoun Hospital	Chief Nursing Officer	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial)  C. Mrs. Kristin Feliciano		Date of Receipt
Mailing Address 9626 Kensington PKWY		03 29 2012
City Kensington	State Zip Code MD 20895-3517	Transaction ID: 19830172  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Inova Fairfax Hospital	VP & Administrator of Adult Specialty	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General	500.00	
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional)	·····	1850.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 50 OF 93 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Wayne Young Date of Receipt Mailing Address 1500 S Main 03 30 2012 City Zip Code State Transaction ID: 19830175 TX Fort Worth 76104-4917 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation JPS Health Network Behavioral Health Service Line Adminis Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Carla Wyllie Date of Receipt Mailing Address 2342 Shirl Lane 03 2012 29 City State Zip Code Transaction ID: 19830181 NY Niskayuna 12309-5920 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation Ellis Hospital **Nursing Practice Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Marie Ankner Date of Receipt Mailing Address 1318 Mayflower Avenue 03 29 2012 City Zip Code State Transaction ID: 19830182 NY Bronx 10461-5919 Amount of Each Receipt this Period FEC ID number of contributing 350.00 С federal political committee. Name of Employer Occupation Assistant Professor, School of Nursing Long Island University Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 1050.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE I	NUMBER:	PAGE	51 O	F
Use separate schedule(s)	(check only	one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
	13	14	15	16	

93

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Stephen M. Ahnen Date of Receipt Mailing Address 125 Airport Road 03 2012 29 City State Zip Code Transaction ID: 19830317 NH 03301-7300 Concord Amount of Each Receipt this Period FEC ID number of contributing C 45.45 federal political committee. Name of Employer Occupation President and CEO New Hampshire Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary General 272.70 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Jeffrey S Drop Date of Receipt Mailing Address 4816 Amber Valley Parkway 03 2012 29 City State Zip Code Transaction ID: 19830321 ND Fargo 58104-8404 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Catholic Health Initiatives **SVP Division Executive** Receipt For: Aggregate Year-to-Date ▼

Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Dr. Kevin B Churchwell  Mailing Address 1600 Rockland Road  Suite 2C-50  City	State Zip Code	Date of Receipt  03
Wilmington  FEC ID number of contributing federal political committee.	DE 19803-3607	Amount of Each Receipt this Period 350.00
Name of Employer  Alfred I. duPont Hospital for Children  Receipt For:  Primary General  Other (specify) ▼	Occupation Chief Executive Officer  Aggregate Year-to-Date ▼  350.00	

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

895.45

C

	FOR LINE N	NUMBER:	PAGE	52 O	F 9
Use separate schedule(s)	(check only	one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
zotanou cummuny r ugo	13	14	15	16	

3

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Jack Ludmir Date of Receipt Mailing Address 800 Spruce Street, 2nd FI 03 2012 City Zip Code State Transaction ID: 19830325 PΑ Philadelphia 19107-6130 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Chair, Obstetrics & Gynecology Pennsylvania Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Mary Scott RN, MS Date of Receipt Mailing Address 515 Falling Leaf Aly 03 2012 29 City State Zip Code Transaction ID: 19830332 CA Monrovia 91016-4524 Amount of Each Receipt this Period FEC ID number of contributing 225.00 federal political committee. Name of Employer Occupation City of Hope's Helford Clinical Resear Director, Professional Practice and Ed Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Carolyn Nelson-Becker Date of Receipt Mailing Address 301 N. University Boulevard 2012 03 29 City Zip Code State Transaction ID: 19830364  $\mathsf{TX}$ Galveston 77555-5302 Amount of Each Receipt this Period FEC ID number of contributing C 350.00 federal political committee. Name of Employer Occupation Div Chief & Admin Dir, Maternal & Chil University of Texas Medical Branch Hos Receipt For:

SUBTOTAL of Receipts This Page (optional)			7	Ξ		7	Ξ	10	75.0	00	
TOTAL This Period (last page this line number only)	_	_	7	_	_	7	_	_	_	_	]

350.00

Aggregate Year-to-Date ▼

Primary

Other (specify)

General

FOR LINE NUMBER: PAGE 53 OF 93 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Karen Kirby Date of Receipt Mailing Address 3750 Main Street #705 03 2012 City State Zip Code Transaction ID: 19830375 PΑ Philadelphia 19127-2100 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation President & CEO Kirby Bates Associates Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Donna Maddox Date of Receipt Mailing Address 806 Bordeaux 03 29 2012 City State Zip Code Transaction ID: 19830383 MO Ballwin 63011-4106 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation **GE** Healthcare Global Marketing Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Kathleen D. Sanford RN, DBA Date of Receipt Mailing Address 2659 Syracuse Court 2012 03 29 City State Zip Code Transaction ID: 19830455 CO Denver 80238-2421 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Chief Nursing Officer & Senior Vice Pr Catholic Health Initiatives Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER: PAGE 54 OF	93
Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12 13 14 15 16	

Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association	PAC	
Full Name (Last, First, Middle Initial)  Mr. Leonard Hernandez  Mailing Address 445 Hilltop Street		Date of Receipt
·		03 29 2012
City Elkhart	State Zip Code KS 67950-0937	Transaction ID : 19830579
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer  Morton County Health System	Occupation Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  Mr. Fred J. Lucky  Mailing Address 14607 W 89		Date of Receipt
		03 29 2012
City	State Zip Code KS 66215-2967	Transaction ID : 19830581
Lenexa  FEC ID number of contributing federal political committee.	KS 66215-2967	Amount of Each Receipt this Period
Name of Employer Kansas Hospital Association	Occupation Senior Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  249.99	
Full Name (Last, First, Middle Initial)		Data of Bassist
Mr. Randall Peterson  Mailing Address 2022 N. Red Oaks		Date of Receipt  03 29 2012
City Wichita	State Zip Code KS 67206-8909	Transaction ID : 19830590
FEC ID number of contributing federal political committee.	C 67200-6909	Amount of Each Receipt this Period  500.00
Name of Employer	Occupation	
Via Christi Health	Senior Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		865.38
TOTAL This Period (last page this line number	<u>-</u>	

	FOR LINE N	NUMBER:	PAGE	E 55 O
Use separate schedule(s)	(check only	one)		
for each category of the Detailed Summary Page	X 11a	11b	11c	12
, ,	1 13	14	15	16

or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Hospital Association	PAC	
Full Name (Last, First, Middle Initial)  Mr. Steven B. Poage  Mailing Address 3401 SW Alameda  City Topeka  FEC ID number of contributing federal political committee.  Name of Employer  Kansas Hospital Association  Receipt For:  Primary General Other (specify)	State Zip Code KS 66614-5109  C  Occupation Vice President/CFO  Aggregate Year-to-Date ▼	Date of Receipt  03 29 2012  Transaction ID: 19830591  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Mr. Harold L Krueger Jr  Mailing Address 525 Main St  City Chadron  FEC ID number of contributing federal political committee.  Name of Employer Chadron Community Hospital and Health  Receipt For:  Primary General Other (specify)	State Zip Code NE 69337-2546  C  Occupation Chief Executive Officer  Aggregate Year-to-Date ▼  250.00	Date of Receipt  03 27 2012  Transaction ID: 19830603  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Mr. Kevin J Nokels  Mailing Address 9690 Meadow Dr  City Omaha  FEC ID number of contributing federal political committee.  Name of Employer Alegent Health Midlands Hospital  Receipt For:  Primary General Other (specify)	State Zip Code NE 68114-1271  C  Occupation Vice President and Chief Operating Off  Aggregate Year-to-Date ▼  250.00	Date of Receipt  03 27 2012  Transaction ID: 19830605  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
TOTAL This Period (last page this line number	only)	

	FOR LINE	: NUMBER:	PAGE	= 56 O	H
Use separate schedule(s)	(check onl	y one)			
for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12	
	13	14	15	16	ſ

	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Hospital Association	PAC	
Full Name (Last, First, Middle Initial)  Ms. Laura J Redoutey  Mailing Address 56640 716th Rd  City Fairbury  FEC ID number of contributing federal political committee.  Name of Employer  Nebraska Hospital Association  Receipt For:  Primary General Other (specify)	State Zip Code NE 68352-4044  C Occupation President  Aggregate Year-to-Date ▼  500.00	Date of Receipt  03 27 2012  Transaction ID: 19830607  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Dr. Barton Buxton  Mailing Address 1375 North Main Street  City  Lapeer  FEC ID number of contributing	State Zip Code MI 48446-1350	Date of Receipt  03 28 2012  Transaction ID: 19830663  Amount of Each Receipt this Period
federal political committee.  Name of Employer  Lapeer Regional Medical Center  Receipt For:  Primary General  Other (specify)   Other (specify)	Occupation President and Chief Executive Officer  Aggregate Year-to-Date ▼  350.00	350.00
Full Name (Last, First, Middle Initial)  Mr. Sean Gehle  Mailing Address 1828 Boston Blvd  City Lansing  FEC ID number of contributing federal political committee.  Name of Employer  Providence Hospital  Receipt For:  Primary General Other (specify)	State Zip Code MI 48910-1173  C  Occupation Vice President Government Relations  Aggregate Year-to-Date ▼  227.50	Date of Receipt  03 28 2012  Transaction ID: 19830664  Amount of Each Receipt this Period  227.50
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1077.50
TOTAL This Period (last page this line number	only)	

	FOR LINE NUMBER:   PAGE	57 OF
Use separate schedule(s)	(check only one)	
for each category of the Detailed Summary Page	X 11a 11b 11c	12
	13 14 15	16

93

Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association	n PAC	
Full Name (Last, First, Middle Initial)  Ms. Annette S Phillips  Mailing Address 718 North Macomb Street		Date of Receipt
City	State Zip Code	03 28 2012 Transaction ID : 10930665
Monroe	MI 48162-7815	Transaction ID : 19830665  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	350.00
Name of Employer  Mercy Memorial Hospital System	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial)  Ms. Mary-Anne D Ponti		Date of Receipt
Mailing Address 3070 Morford Road		03 28 2012
City	State Zip Code	Transaction ID: 19830666
Petoskey	MI 49770-9234	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	350.00
Name of Employer Northern Michigan Regional Hospital	Occupation COO & Chief Nursing Executive	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial)  C. Ms. Barbara Rossmann		Date of Receipt
Mailing Address 15855 19 Mile Road		03 28 2012
Clinton Township	State Zip Code MI 48038-3504	Transaction ID: 19830667
Clinton Township  FEC ID number of contributing	C	Amount of Each Receipt this Period 525.00
federal political committee.		
Name of Employer	Occupation	
Henry Ford Macomb Hospitals Receipt For:	President and Chief Executive Officer	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	
SUBTOTAL of Receipts This Page (optional).		1225.00
TOTAL This Period (last page this line numb	er only)	

	FOR LINE I	NUMBER:	:   PAGI	E 58 OF	F 9
Use separate schedule(s)	(check only	one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
zotanou cummuny r ugo	13	14	15	16	$\square_1$

3

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Dr. Maureen Swick RN, PHD, N Date of Receipt Mailing Address 8110 Gatehouse Road Suite 200E 03 30 2012 City State Zip Code Transaction ID: 19830670 VA Falls Church 22042-1210 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation Senior Vice President, Chief Nursing O Inova Health System Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Normand E Deschene Date of Receipt Mailing Address 295 Varnum Avenue 03 30 2012 City State Zip Code Transaction ID: 19830674 MA Lowell 01854-2134 Amount of Each Receipt this Period FEC ID number of contributing 1125.00 federal political committee. Name of Employer Occupation Lowell General Hospital President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1125.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Peter J. Zarrilla Date of Receipt Mailing Address 6 Bates Lane 30 2012 03

		Т			7		_	_	_	185	0.00	$\neg$
SUBTOTAL of Receipts This Page (optional)		L	-		7	-	-	7	-	100	0.00	
												П
TOTAL This Period (last page this line number	only)		-	_	7	-	-	7	-		ж	

375.00

Zip Code

VP and Chief Human Resources Officer

Aggregate Year-to-Date ▼

01886-2523

State

MA

Occupation

С

375.00

Transaction ID: 19830675

Amount of Each Receipt this Period

City

Westford

FEC ID number of contributing

General

federal political committee.

Lowell General Hospital

Other (specify)

Name of Employer

Primary

Receipt For:

FOR LINE NUMBER: PAGE 59 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

93

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Thomas A Biga Date of Receipt Mailing Address 29 Highand Avenue 03 30 2012 City Zip Code State Transaction ID: 19830689 Fair Haven NJ 07704-3620 Amount of Each Receipt this Period FEC ID number of contributing 1500.00 federal political committee. Name of Employer Occupation **Executive Vice President** Barnabas Health Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. John J. Dawidowski Date of Receipt Mailing Address 17 Brookshire Drive 03 30 2012 City State Zip Code Transaction ID: 19830695 Robbinsville NJ 08691-2554 Amount of Each Receipt this Period FEC ID number of contributing 1125.00 federal political committee. Name of Employer Occupation New Jersey Hospital Association Vice President & General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 1140.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Neil Eicher Date of Receipt Mailing Address 760 Alexander Road 30 2012 03 City Zip Code State Transaction ID: 19830699 NJ Princeton 08540-6305 Amount of Each Receipt this Period FEC ID number of contributing 7.50 С federal political committee. Name of Employer Occupation New Jersey Hospital Association **Deputy Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 765.00 Other (specify) 2632.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOR LINE NUMBER: PAGE 60 C	)F 93
Use separate schedule(s) for each category of the	(check only one)	
Detailed Summary Page	X 11a 11b 11c 12	
,	13 14 15 16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Fred L Hipp Jr. Date of Receipt Mailing Address 1011 Deacon Road 30 2012 City State Zip Code Transaction ID: 19830700 08036-3610 Hainesport NJ Amount of Each Receipt this Period FEC ID number of contributing 7.50 federal political committee. Name of Employer Occupation Vice President Government Relations Virtua Receipt For: Aggregate Year-to-Date ▼ Primary General 7.50 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. William D. Kennedy Date of Receipt Mailing Address 1549 North Valley Road 03 2012 30 City State Zip Code Transaction ID: 19830701 PA Malvern 19355-9796 Amount of Each Receipt this Period FEC ID number of contributing 750.00 federal political committee. Name of Employer Occupation New Jersey Hospital Association Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 772.50 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Randall J. Minniear Date of Receipt Mailing Address 3901 Worthington Court 30 2012 03 City Zip Code State Transaction ID: 19830707 NJ Freehold 7728 Amount of Each Receipt this Period FEC ID number of contributing 1500.00 С federal political committee. Name of Employer Occupation Senior VP, Government Relations New Jersey Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary General 1522.50 Other (specify) 2257.50 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 61 OF 93 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Fred L Hipp Jr. Date of Receipt Mailing Address 1011 Deacon Road 03 30 2012 City Zip Code State Transaction ID: 19831647 08036-3610 Hainesport NJ Amount of Each Receipt this Period FEC ID number of contributing 750.00 federal political committee. Name of Employer Occupation Vice President Government Relations Virtua Receipt For: Aggregate Year-to-Date ▼ Primary General 757.50 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Elizabeth T. Beaudin RN, Ph.D., Date of Receipt Mailing Address 69 Day Street 03 29 2012 City State Zip Code Transaction ID: 19838336 CT Granby 06035-2901 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation Connecticut Hospital Association Director, Nursing & Work Force Initiat Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Melinda Reid Hatton Date of Receipt Mailing Address 325 Seventh Street, NW 31 2012 Suite 700 City Zip Code State Transaction ID: PR1045726226041 DC Washington 20004-2818 Amount of Each Receipt this Period FEC ID number of contributing 76.94 С federal political committee. Name of Employer Occupation Senior Vice President & General Counse American Hospital Association-Washingt Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) 1176.94 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

	FOF	R LINE	NU	IMBER	:	PAGE	= (	52 OI	F	93
. ,	(che	eck only	or	ne)						
Use separate schedule(s) for each category of the Detailed Summary Page	X	11a		11b						
		13		14		15		16		17

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Hospital Association	PAC	
Full Name (Last, First, Middle Initial)  A. Mr. David Schulke		Date of Receipt
Mailing Address 325 Seventh Street, NW Suite 700		03 31 _ 2012 _
City	State Zip Code	Transaction ID : PR1057462126041
Washington	DC 20004-2801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	76.94
Name of Employer	Occupation	1
American Hospital Association-Washingt	VP Research Programs	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$38.47 Bi-Weekly)
Full Name (Last, First, Middle Initial)  Ms. Stephanie H. Drake		Date of Receipt
Mailing Address One North Franklin		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	03 31 2012 Transaction ID : PR1492459926041
Chicago	IL 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing	000000	S. Laur rissorpt tills i ellou
fed ID number of contributing federal political committee.	C	76.94
Name of Employer	Occupation	]
American Hospital Association-Chicago	Associate Executive Director - ASHHRA	]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	230.82	P/R Deduction (\$38.47 Bi-Weekly)
Full Name (Last, First, Middle Initial)  C. Ms. Lisa Grabert		Date of Receipt
Mailing Address 325 Seventh Street, NW Suite 700		03 31 2012
City	State Zip Code	Transaction ID : PR1671258626041
Washington	DC 20004-2801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.94
Name of Employer	Occupation	
American Hospital Association-Washingt	Senior Associate Director, Policy	]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	230.82	P/R Deduction (\$38.47 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		230.82
, , ,	<u> </u>	
TOTAL This Period (last page this line numbe	r only)	

	FOR LINE I	NUMBER:	PAGE	E 63 OF	= 9			
,	(check only	one)						
Use separate schedule(s) for each category of the Detailed Summary Page	X 11a	X 11a 11b 11c 12						
zotanou cummuny i ugo	13	14	15	16	$\square_1$			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr Robert P. David Date of Receipt Mailing Address One North Franklin 2012 31 City State Zip Code Transaction ID: PR1677512426041 Chicago IL 60606-3436 Amount of Each Receipt this Period FEC ID number of contributing 76.94 federal political committee. Name of Employer Occupation American Hospital Association-Chicago Regional Executive Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Erik Rasmussen Date of Receipt Mailing Address 325 Seventh Street, NW Suite 700 03 31 2012 City State Zip Code Transaction ID: PR1819487926041 DC Washington 20004-2801 Amount of Each Receipt this Period FEC ID number of contributing 76.94 federal political committee. Name of Employer Occupation American Hospital Association-Washingt Senior Associate Director Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) Full Name (Last, First, Middle Initial) **c.** Ms. Linda Fishman Date of Receipt Mailing Address 325 Seventh Street, NW 03 31 2012 Suite 700 City Zip Code State Transaction ID: PR327629126041 DC Washington 20004-2818 Amount of Each Receipt this Period FEC ID number of contributing 76.94 С federal political committee. Name of Employer Occupation

230.82

Senior Vice President, Public Policy

Aggregate Year-to-Date ▼

P/R Deduction (\$38.47 Bi-Weekly)

Receipt For:

Primary

Other (specify)

American Hospital Association-Washingt

General

FOR LINE NUMBER: PAGE 64 OF 93 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Debra J. Stock Date of Receipt Mailing Address 1022 S. Harvey Avenue 2012 31 City State Zip Code Transaction ID: PR327777826041 Oak Park IL 60304-2132 Amount of Each Receipt this Period FEC ID number of contributing 76.94 federal political committee. Name of Employer Occupation American Hospital Association-Chicago Vice President, Member Relations Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Pamela Austin Thompson RN, MSN Date of Receipt Mailing Address 325 Seventh Street, NW Suite 700 03 31 2012 City State Zip Code Transaction ID: PR327812026041 DC Washington 20004-2818 Amount of Each Receipt this Period FEC ID number of contributing 76.94 federal political committee. Name of Employer Occupation American Hospital Association-Washingt Chief Executive Officer, AONE & Sr. Vi Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Mark Seklecki Date of Receipt Mailing Address 325 Seventh Street, NW 03 31 2012 Suite 700 City Zip Code State Transaction ID: PR327858026041 DC Washington 20004-2818 Amount of Each Receipt this Period FEC ID number of contributing 76.94 С federal political committee. Name of Employer Occupation American Hospital Association-Washingt Vice President, Political Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) 230.82 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 

	F	DR	LINE	MBER	PAGE	E (	35	OF	93		
Use separate schedule(s) for each category of the	(c	he	ck only	or	ne)						
Detailed Summary Page		X	11a		11b		11c		12		
., .,			13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. John F. Barry Date of Receipt Mailing Address One North Franklin 31 2012 City Zip Code State Transaction ID: PR327877826041 Millis MA 60606-3436 Amount of Each Receipt this Period FEC ID number of contributing 76.94 federal political committee. Name of Employer Occupation American Hospital Association-Chicago Regional Executive Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. George F. Bergstrom Date of Receipt Mailing Address 130 North Garland Court #3002 03 31 2012 City State Zip Code Transaction ID: PR327895726041 IL Chicago 60602-4750 Amount of Each Receipt this Period FEC ID number of contributing 76.94 federal political committee. Name of Employer Occupation American Hospital Association-Chicago Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Richard J. Umbdenstock Date of Receipt Mailing Address 325 Seventh Street, NW

03 31 2012 Suite 700 City Zip Code State Transaction ID: PR328132826041 DC Washington 20004-2818 Amount of Each Receipt this Period FEC ID number of contributing 76.94 С federal political committee. Name of Employer Occupation President and Chief Executive Officer American Hospital Association-Washingt Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify)

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

- 9

230.82

	FOR LINE	NUMBER:	PAGE	: 66 OF
Use separate schedule(s)	(check only	y one)		
for each category of the Detailed Summary Page	X 11a	11b	11c	12
	13	14	15	16

NAME OF COMMITTEE (In Full) American Hospital Association	PAC	
Full Name (Last, First, Middle Initial)  Ms. Barbara Lorsbach		Date of Receipt
Mailing Address 204 7th Ave		03 31 2012
City	State Zip Code	Transaction ID : PR328136926041
La Grange	IL 60525-6406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.94
Name of Employer	Occupation	+
American Hospital Association-Chicago	Sr. Vice President, Member Relations	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  230.82	P/R Deduction (\$38.47 Bi-Weekly)
Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian		Date of Receipt
Mailing Address 5545 North Wayne		03 31 2012
City	State Zip Code	Transaction ID : PR328223826041
Chicago	IL 60640-1318	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.94
Name of Employer	Occupation	1
American Hospital Association-Chicago	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	230.82	P/R Deduction (\$38.47 Bi-Weekly)
Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack		Date of Receipt
Mailing Address 3475 North Venice Street		03 31 2012
City	State Zip Code	Transaction ID : PR328260926041
Arlington	VA 22207-4446	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.94
Name of Employer	Occupation	1
American Hospital Association-Washingt	Executive Vice President	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	230.82	P/R Deduction (\$38.47 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		230.82

	FOF	R LINE	NU	IMBER	:	PAGE	. (	67 O	F	93
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page		11a		11b		11c		12		
,g.		13		14		15		16		717

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City

State

Yardley

PA

19067-5736

FEC ID number of contributing

foliated political committee

76.94

	City	State Zip Code PA 19067-5736	Transaction ID : PR328511826041
	Yardley	PA 19067-5736	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	76.94
	Name of Employer	Occupation	_
	American Hospital Association-Chicago	Regional Executive	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  230.82	P/R Deduction (\$38.47 Bi-Weekly)
В.	Full Name (Last, First, Middle Initial) Mr. Anthony J. Burke		Date of Receipt
	Mailing Address One North Franklin Ave.		03 31 2012
	City	State Zip Code	Transaction ID : PR328913326041
	Chicago	IL 60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	76.94
	Name of Employer American Hospital Association-Chicago	Occupation President & CEO, AHA Solutions, Inc. &	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  230.82	P/R Deduction (\$38.47 Bi-Weekly)
<del>С</del> .	Full Name (Last, First, Middle Initial) Dr. John R. Combes		Date of Receipt
	Mailing Address One North Franklin		03 31 2012
	City	State Zip Code	Transaction ID : PR329071326041
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	76.94
	Name of Employer	Occupation	-
	American Hospital Association-Chicago	President & Chief Operating Officer, C	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	P/R Deduction (\$38.47 Bi-Weekly)

230.82

230.82

Other (specify)

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

	FOF	R LINE	NU	IMBER	:	PAGE	: 6	68 O	F	93
Use separate schedule(s)	(che	eck only	or	ne)						
for each category of the Detailed Summary Page	×	11a		11b		11c		12		
,g.		13		14		15		16		17

ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee to	o solicit contributions from such committee.
American Hospital Association	PAC	
Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese		Date of Receipt
Mailing Address 500 Interstate Boulevard Sou	uth	03 31 2012
City	State Zip Code	Transaction ID : PR329215726041
Nashville	TN 37210-4634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.94
Name of Employer	Occupation	_
American Hospital Association-Chicago	AHA Regional Executive	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	Aggregate Year-to-Date ▼	P/R Deduction (\$38.47 Bi-Weekly)
Other (specify) ▼	230.02	
Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca		Date of Receipt
Mailing Address 4960 138th Circle West		03 31 _2012 _
City	State Zip Code	Transaction ID : PR330475426041
Apple Valley	MN 55124-9229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.94
Name of Employer	Occupation	-
American Hospital Association-Chicago	Regional Executive	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	30 0	P/R Deduction (\$38.47 Bi-Weekly)
Other (specify) ▼	230.82	, , , , , , , , , , , , , , , , , , , ,
Full Name (Last, First, Middle Initial)  Ms. Eileen O'Keefe	I	Date of Possint
		Date of Receipt
Mailing Address 172 Atteridge		03 31 2012 _
City	State Zip Code	Transaction ID : PR330549226041
Lake Forest	IL 60045-1715	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.94
Name of Employer	Occupation	-
American Hospital Association-Chicago	Vice President, Constituency Section	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		P/R Deduction (\$38.47 Bi-Weekly)
Other (specify) ▼	230.82	
IIPTOTAL of Possints This Poss (anticaral)		230.82
<b>UBTOTAL</b> of Receipts This Page (optional)		200.02

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 69 OF Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and Statement or for commercial purposes, other than using the name a		
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Receipt For:	22301-2402	Date of Receipt  03 31 2012  Transaction ID: PR331304226041  Amount of Each Receipt this Period  76.94  P/R Deduction (\$38.47 Bi-Weekly)
Pagaint For:	22046-2613	Date of Receipt  03 31 2012  Transaction ID: PR331533226041  Amount of Each Receipt this Period  76.94  P/R Deduction (\$38.47 Bi-Weekly)
Pagaint For:	60606-3436	Date of Receipt  03 31 2012  Transaction ID: PR346168126041  Amount of Each Receipt this Period  76.94  P/R Deduction (\$38.47 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number only)	<b>&gt;</b>	230.82

FOR LINE NUMBER: PAGE 70 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

93

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Megan Cundari Date of Receipt Mailing Address 325 Seventh Street, NW Suite 700 2012 31 City Zip Code State Transaction ID: PR518031926041 DC Washington 20004-2818 Amount of Each Receipt this Period FEC ID number of contributing C 76.94 federal political committee. Name of Employer Occupation American Hospital Association-Washingt Senior Associate Director Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 76.94 SUBTOTAL of Receipts This Page (optional)..... 98135.35 TOTAL This Period (last page this line number only).....

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)		R LINE	NUMBEF	R: PA	GE 71	OF 93			
۱ſ -	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	11b 14	11c	X 12 16	1			
	y information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) American Hospital Association F	PAC										
Α.	Full Name (Last, First, Middle Initial) Wisconsin Hospital Association Feder	al PAC		ı	Date of Receipt							
	Mailing Address 5510 Research Park Drive PO Box 259038				M = M	/ D 0		2012	Y			
	City Madison	State WI	Zip Code 53725-9038			action ID						
	FEC ID number of contributing federal political committee.		0422881		Amount of Each Receipt this Period 1600.00							
	Name of Employer	Occupation	1									
	Receipt For: Primary General		Year-to-Date ▼									
	Other (specify) ▼		2815.00									
— В.	Full Name (Last, First, Middle Initial)  New York Hospital & Healthcare Ass		Date of	Receipt								
	Mailing Address One Empire Drive				M = M	/ D 1		2012	Y			
	City Rensselaer	State	Zip Code		Transaction ID : 19788735  Amount of Each Receipt this Period							
		NY	12144	- /								
	FEC ID number of contributing federal political committee.	C co	0160259	5					0.00			
	Name of Employer	Occupation	1									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General  Other (specify) ▼		100000.00									
<u>с</u> .	Full Name (Last, First, Middle Initial) Wisconsin Hospital Association Fe	ederal PA	С	ı	Date of	Receipt						
	Mailing Address 5510 Research Park Drive PO Box 259038				M M M	/ 2		2012	Y			
	City Madison	State WI	Zip Code 53725-9038			action ID of Each		930 this Perio	d			
	FEC ID number of contributing federal political committee.	C co	0422881			,	-	100	00.00			
	Name of Employer Oc		1									
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 3815.00	]								
s	UBTOTAL of Receipts This Page (optional)						- 4	5260	0.00			
Т	OTAL This Period (last page this line number of	only)										

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS				FOR LINE NUMBER: PAGE 72 OF 93
			Use separate schedule(s) for each category of the	(check only one)
••			Detailed Summary Page	11a 11b 11c X 12
Λ.	ay information conicd from such Deports and S	tatamanta m	y not be cold or used by any n	erson for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and a	address of any political committee	e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association I	PAC		
_	Full Name (Last, First, Middle Initial)			
Α.		C - Federal		Date of Receipt
	Mailing Address 1215 K Street			M = M / D = D / Y = Y = Y
	Suite 800 City State Zip Code			03 27 2012
	Sacramento	CA 95814		Transaction ID : 19799460
	FEC ID number of contributing			Amount of Each Receipt this Period
	federal political committee.	C co	0237495	50000.00
	Name of Employer	Occupation		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	, iggi ogalo		1
	Other (specify) ▼		100000.00	
В.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	City State Zip Code		_	
		0.0.0	p	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	Aggregate	Teal-10-Date ▼	1
	Other (specify) ▼		<u> </u>	
C.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	
				Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) $\blacktriangledown$		7	
5	SUBTOTAL of Receipts This Page (optional)			50000.00
F				
Ιī	OTAL This Period (last nage this line number	only)		102600.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 OF 93 (check only one)  11a 11b 11c 12 13 14 15 16 🗙 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association	e name and a		erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)  TD Bank  Mailing Address 901 Seventh Street, NW  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State DC  C Occupation Aggregate	Zip Code 20001 Year-to-Date ▼	Date of Receipt  03 30 2012  Transaction ID: 19829996  Amount of Each Receipt this Period  276.67
Full Name (Last, First, Middle Initial)  Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify)	State  C Occupation  Aggregate	Zip Code  Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y  Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial)  Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify)	State  C Occupation  Aggregate	Zip Code  Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y Y  Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			276.67

TOTAL This Period (last page this line number only).....

276.67

# S ľ

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 74 OF 93
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(Criccit Orling		
	Detailed Summary Page	X 21b	22 23	24 25 26
[		27	28a 28b	
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
American Hospital Association PA	С			
Full Name (Last, First, Middle Initial)				
A. Paymentech			Date of Disburs	sement
Mailing Address 14221 Dallas Parkway Building Two			03	06 2012
City	State Zip Code			
Dallas	TX 75254		Transaction I	D : 19829994
Purpose of Disbursement Merchant Fees		001	Amount of Eac	h Disbursement this Period
Candidate Name		Category/		
		Type		184.01
	ment For:			
Senate President	Primary General		Merchant Fees	
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B. Newtek Merchant Solutions			Date of Disburs	sement
			M = M / D	D / Y Y Y Y
Mailing Address 744 N 4th Street			03	05 2012
	State Zip Code		Transaction I	D : 19829995
Milwaukee Purpose of Disbursement	WI 53203			
Merchant Fees		001	Amount of Eac	h Disbursement this Period
Candidate Name		Category/		
		Type		122.48
	ment For:			
Senate	Primary General		Merchant Fees	
President State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. U.S. Treasury			Date of Disburs	sement
			M = M / D	D / Y Y Y Y Y
Mailing Address P.O. Box 2188			03	13 2012
City	State Zip Code		Transaction I	D · 10820007
Parkersburg	WV 26106-2188		Transaction	D . 13023331
Purpose of Disbursement Federal Taxes		001		
Candidate Name			Amount of Eac	h Disbursement this Period
		Category/ Type		593.00
Office Sought: House Disburse	ment For:	215-5		
Senate	Primary General		Federal Taxes	
President	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional).				899.49
				000.40
TOTAL This Period (last page this line number only	)			899.49

SC	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 75					OF	93
ITE	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only			_			
			Summary Page	21b	22	X 23	24	25		26
				27	28a	28b	28c	29		30b
	y information copied from such Reports and Statem for commercial purposes, other than using the nam									
	NAME OF COMMITTEE (In Full)	c and add	read of any pointe	oar committee to	3011011 00	THI BULLOTIO	10111 000	1 0011111	muoo.	
	American Hospital Association PAC	•								
	American Hospital Association 1 Ac	,								
	Full Name (Last, First, Middle Initial)									
Α.	Rodney Alexander For Congress In	IC.			Date of	f Disbursem	ent			
	Moiling Address 040 Novel O Dood				M = M	/ D D	/ Y	7 Y Y	II Y	
	Mailing Address 319 Nancy'S Road				03	06		2012		
	City	state	Zip Code		<b>T</b>		4077400	<b>-</b>		
		LA	71268		Irans	action ID:	19//432	.7		
	Purpose of Disbursement Contribution			044	A	( E l. B			- D	
	Candidate Name			011	Amoun	t of Each D	isbursen	nent this	s Peri	oa
	Rep. Rodney Alexander			Category/ Type				10	00.00	
	Office Sought:  House Disbursem	nent For:	2012	Турс		7	,			
	Senate	Primary	General		Contrib	ution				
	President	Other (spe	ecify) 🔻							
	State: LA District: 05									
Ь	Full Name (Last, First, Middle Initial)				Data	( Diah				
о.	Capuano For Congress Committee					f Disbursem				
	Mailing Address PO Box 440305				03	06	/ Y	2012	- Y	
	5 1. G 25% 1.16655									1
	•	state	Zip Code		Trans	action ID :	1977432	28		
	Somerville Purpose of Disbursement	MA	02144							
	Contribution			011	Amoun	t of Each D	isbursen	nent this	s Peri	od
	Candidate Name			Category/						
	Rep. Michael E. Capuano			Type		-,-	- ,	10	00.00	1
	Office Sought: House Disbursem		2012							
		Primary	General		Contrib	ution				
	State: MA District: 08	Other (spe	city) 🔻							
	Full Name (Last, First, Middle Initial)									
	Cicilline Committee				Date of	f Disbursem	nent			
					M M	/ D D	/ Y	YY	Y	
	Mailing Address 102 Waterman St, Suite 2				03	06	JL	2012		
	Oih.	****	Zin Onda							
	City S Providence	state RI	Zip Code 02906		Trans	action ID :	1977432	9		
	Purpose of Disbursement									
	Contribution			011	Amoun	t of Each D	isbursen	nent this	s Peri	od
	Candidate Name			Category/				10	00.00	
	Rep. David Cicilline			Туре		-	7	10	00.00	
	Office Sought: House Disbursem	nent For: Primary	2012 General		0 . "					
		Other (spe			Contrib	ution				
	State: RI District: 01	(500	<i>37</i> ♥							
	1							-		$\overline{}$
S								300	00.00	
	<b>UBTOTAL</b> of Disbursements This Page (optional)						- 1	300	30.00	
_	UBTOTAL of Disbursements This Page (optional)  OTAL This Period (last page this line number only).				+	9	7	300	30.00	爿

SCHEDULE B (FEC Form 3X)		te schedule(s) FOR LINE NUMBER: PAGE 76 C				
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only				
	Detailed Summary Page	21b	22 🗙 23 24 25 26			
		27	28a 28b 28c 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
American Hospital Association PA	С					
Full Name (Last, First, Middle Initial)						
A. Friends Of Congressman Tim Hole	den		Date of Disbursement			
Mailing Address 18 North Second Street, Box 37			03 06 2012			
City	State Zip Code		Transaction ID : 19774330			
Saint Clair Purpose of Disbursement	PA 17970					
Contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	2000.00			
Rep. Tim Holden  Office Sought: House Disburse	mont For: 0040	Туре	1000.00			
Office Sought: House Disburse Senate President	ment For: 2012 Primary General Other (specify)		Contribution			
State: PA District: 17						
Full Name (Last, First, Middle Initial)			Data of Dishamourant			
B. Langevin For Congress			Date of Disbursement			
Mailing Address 181a Knight Street			03 06 2012			
City Warwick	State Zip Code RI 02886		Transaction ID : 19774334			
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	1000.00			
Rep. James R. Langevin		Type	1000.00			
	ment For: 2012 Primary General Other (specify)		Contribution			
Full Name (Last, First, Middle Initial)						
C. Levin For Congress			Date of Disbursement			
Mailing Address PO Box 37			03 06 2012			
City Roseville	State Zip Code MI 48066		Transaction ID: 19774335			
Purpose of Disbursement Contribution	40000	011				
Candidate Name			Amount of Each Disbursement this Period			
Rep. Sander M. Levin		Category/ Type	1000.00			
	ment For: 2012					
Senate President	Primary General Other (specify) ▼		Contribution			
State: MI District: 12						
SUBTOTAL of Disbursements This Page (optional).		······································	4000.00			
TOTAL This Period (last page this line number only	·)	······				

SCHEDULE B (FEC Form 3X)		FOR LINE	TOMBETT.	GE 77 OF 93
TEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(orleast orling		
	Detailed Summary Page	21b 27	22 X 23 24 28a 28b 28c	25 26 30b
Any information copied from such Reports and Statem	onto mov not be cold or u			
or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
American Hospital Association PAC				
·				
Full Name (Last, First, Middle Initial)			Date of Disbursement	
A. Nita Lowey For Congress				
Mailing Address PO Box 271			03 06 Y	2012
,	State Zip Code		Transaction ID: 1977433	8
White Plains Purpose of Disbursement	NY 10605			
Contribution		011	Amount of Each Disbursem	nent this Period
Candidate Name		Category/		
Rep. Nita M. Lowey		Type		2000.00
	nent For: 2012			
	Primary General		Contribution	
State: NY District: 17	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B. Pete Sessions For Congress			Date of Disbursement	
- Tele dessions For Congress				YYY
Mailing Address PO Box 823047			03 06	2012
City S Dallas	State Zip Code TX 75382		Transaction ID: 1977433	9
Purpose of Disbursement	75502			
Contribution		011	Amount of Each Disbursem	nent this Period
Candidate Name		Category/		1000.00
Rep. Pete Sessions	. =	Туре		1000.00
	nent For: 2012 Primary General		•	
	Other (specify)		Contribution	
State: TX District: 32	- man (apasiny) •			
Full Name (Last, First, Middle Initial)				
C. John Tierney For Congress			Date of Disbursement	
				YYY
Mailing Address 49 Federal Street			03 06	2012
City	State Zip Code			
Salem	MA 01970		Transaction ID: 1977434	.0
Purpose of Disbursement Contribution				
Candidate Name		011	Amount of Each Disbursem	nent this Period
Rep. John F. Tierney		Category/		1000.00
	nent For: 2012	Туре	, , , , , , , , , , , , , , , , , , , ,	
	Primary General		Contribution	
President	Other (specify) ▼			
State: MA District: 06				
				4000.00
SUBTOTAL of Disbursements This Page (optional)				4000.00
			, , , , , , , , , , , , , , , , , , , ,	

SC	HEDULE B (FEC Form 3X)	l		FOR LINE N	NUMBER:		PAGE	78 (	OF 93
ITE	MIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)				
			Summary Page	21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b
Δρ	/ information copied from such Reports and Statem	l nente may	not he sold or use						
	for commercial purposes, other than using the name								
$\setminus$	NAME OF COMMITTEE (In Full)								
$ \rangle$	American Hospital Association PAC								
	Full Name (Last, First, Middle Initial)								
Α.	Citizens For Harkin				Date of	Disburser			
	Mailing Address P O Box 811				03	06		2012	Y
	City	State	Zip Code		Trans	nation ID	40774242		
	Des Moines	IA	50304		Transa	action ID :	19774343		
	Purpose of Disbursement 2014 Contribution			011	Amount	of Each [	Disburseme	nt this	Period
	Candidate Name			Category/				1000	0.00
	Sen. Tom Harkin  Office Sought: House Disbursen	ant Fam	0044	Туре		- 5		1000	
	X Senate	nent For: 2 Primary Other (spe	General		2014 Co	ntribution			
	State: IA District:								
	Full Name (Last, First, Middle Initial)				<b>5</b>	<b>D</b>			
В.	America Works PAC					Disburser			
	Mailing Address PO BOX 76187				03	06		2012	Y
	Washington	State DC	Zip Code 20013		Transa	action ID	: 19774344		
	Purpose of Disbursement 2012 Contribution			011	Amount	of Each [	Disburseme	nt this	Period
	Candidate Name			Category/				500	
	America Works PAC			Туре				5000	0.00
		nent For: Primary Other (spe	General cify) ▼		2012 Co	ntribution			
	Full Name (Last, First, Middle Initial)								
C.	Leadership of Today and Tomorrov	V			Date of	Disburser		Y	Υ
	Mailing Address 700 13th Street, NW Suite 600				03	06		2012	
	Washington	State DC	Zip Code 20005		Transa	action ID	: 19774345		
	Purpose of Disbursement 2012 Contribution			011					
	Candidate Name			011	Amount	of Each [	Disburseme	nt this	Period
	Leadership of Today and Tomorrov	W		Category/ Type				2000	0.00
	Office Sought: House Disbursen			.,,,,		,	,		
		Primary	General		2012 Co	ntribution			
	President	Other (spe	cify) ▼		30				
	State: District:								
S	JBTOTAL of Disbursements This Page (optional)			·····•		-	-	8000	.00
Т	OTAL This Period (last page this line number only)								

SCHEDULE B (FEC Form 3X)		NUMBER: PAGE 79 OF	93	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b	22 X 23 24 25 29 29 29 29 29 29 29 29 29 29 29 29 29	26
	<u> </u>	27	28a 28b 28c 29	30b
Any information copied from such Reports and State or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
American Hospital Association PA	С			
Full Name (Last, First, Middle Initial)				
A. Karen Bass For Congress			Date of Disbursement	1
Mailing Address 777 S. Figueroa Street Suite 4050	Otata Zia Cada		03 06 2012	
City Los Angeles	State Zip Code CA 90017		Transaction ID: 19774346	
Purpose of Disbursement	30017			
Contribution		011	Amount of Each Disbursement this Per	riod
Candidate Name		Category/	1500.00	0
Rep. Karen Bass		Туре	1300.00	9
Senate President	ment For: 2012 Primary ☐ General Other (specify) ▼		Contribution	
State: CA District: 33				
Full Name (Last, First, Middle Initial)			D . (D)	
B. Klobuchar For Minnesota			Date of Disbursement	-
Mailing Address PO Box 4146			03 06 2012	
City St Paul Purpose of Disbursement	State Zip Code MN 55104		Transaction ID: 19774349	
Contribution		011	Amount of Each Disbursement this Pe	riod
Candidate Name		Category/	1000.0	0
Sen. Amy Klobuchar		Type	1000.0	U
	ment For: 2012 Primary General Other (specify)		Contribution	
Full Name (Last, First, Middle Initial)				
C. Adam Smith For Congress Commi	ttee		Date of Disbursement	
Mailing Address PO Box 23626			03 06 2012	
City Federal Way	State Zip Code WA 98093		Transaction ID : 19774358	
Purpose of Disbursement Contribution		1		
Candidate Name		011	Amount of Each Disbursement this Per	riod
Rep. D. Adam Smith		Category/ Type	2000.00	0
	ment For: 2012	Туре	7 7	
Senate President	Primary General Other (specify) ▼		Contribution	
State: WA District: 09				
SUBTOTAL of Disbursements This Page (optional)		······•	4500.00	0
TOTAL This Period (last page this line number only	)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NOMBELL.	93
TEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(orlean orling		
	Detailed Summary Page	21b	22 X 23 24 25 28 28b 28c 29	26 30b
Any information conicd from such Departs and State	monto mov not be cold or u			
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
American Hospital Association PA	С			
·				
Full Name (Last, First, Middle Initial)	:		Date of Disbursement	
A. Adam Smith For Congress Comm	ittee			
Mailing Address PO Box 23626			03 06 2012	
City	State Zip Code		Transaction ID : 19774359	
Federal Way Purpose of Disbursement	WA 98093			
Contribution		011	Amount of Each Disbursement this Perio	d
Candidate Name		Category/		
Rep. D. Adam Smith		Type	1000.00	
Office Sought: House Disburse	ment For: 2012			
Senate	Primary General		Contribution	
State: WA District: 09	Other (specify) ▼			
State: WA District: 09  Full Name (Last, First, Middle Initial)				
B. Committee To Re-Elect Loretta Sa	anchez		Date of Disbursement	
Committee to Ne-Liect Loretta Co	allonez		M = M / D = D / Y = Y = Y	
Mailing Address P.O. Box 6037			03 14 2012	
City Santa Ana	State Zip Code CA 92706		Transaction ID: 19787927	
Purpose of Disbursement	92100			
Contribution		011	Amount of Each Disbursement this Perio	d
Candidate Name		Category/	1000.00	П
Rep. Loretta Sanchez		Type	1000.00	4
	ment For: 2012			
Senate President	Primary General Other (specify) ▼		Contribution	
State: CA District: 46	Other (opcomy)			
Full Name (Last, First, Middle Initial)				
C. Mike Rogers For Congress			Date of Disbursement	
			M = M / D = D / Y = Y = Y	
Mailing Address 123 East 13th Street			03 14 2012	
City	State Zip Code			
Anniston	AL 36201		Transaction ID: 19787928	
Purpose of Disbursement Contribution				
		011	Amount of Each Disbursement this Perio	d
Candidate Name Rep. Michael D. Rogers		Category/	500.00	П
	ment For: 2012	Туре		
Senate	Primary Seneral		Contribution	
President	Other (specify) ▼		C. Mission	
State: AL District: 03	•			
			0500.00	П
SUBTOTAL of Disbursements This Page (optional).		·····	2500.00	
SUBTOTAL of Disbursements This Page (optional).  TOTAL This Period (last page this line number only			2500.00	7

_	CHEDULE B (FEC Form 3X)	Use sen	arate schedule(s)		FOR LINE NUMBER: PAGE 81 O (check only one)			
П	EMIZED DISBURSEMENTS	for each	category of the	(check only		23	24 25 26	
		Detailed	Summary Page	27	28a	28b	28c 29 30b	
	ny information copied from such Reports and Statem for commercial purposes, other than using the nam							
<u>\</u>	NAME OF COMMITTEE (In Full)	ic and add	iress of any politice		3011CIT COTT	ibutions non	1 Such Committee.	
	American Hospital Association PAC							
<u>/</u>	·							
٨	Full Name (Last, First, Middle Initial)				Doto of I	)iohuroomont		
Α.	Dan Lipinski For Congress				Date of L	Disbursement	, <u>Y Y Y Y Y</u>	
	Mailing Address P.O. Box 520				03	15	2012	
	City	State	Zip Code		T	otion ID - 407	70005	
	Western Springs	IL	60558		Transa	ction ID: 197	88005	
	Purpose of Disbursement Contribution			011	Amount o	of Each Dish	ursement this Period	
	Candidate Name				7 tillourit (	7 Edon Blob	arsement this remod	
	Rep. Daniel William Lipinski			Category/ Type		7	1000.00	
		nent For:						
		Primary	General		Contributi	on		
	State: IL District: 03	Other (spe	ecity) 🔻					
	Full Name (Last, First, Middle Initial)							
В.	Donna Edwards For Congress				Date of I	Disbursement		
	Mailing Address D.O. Barratata				M = M	/ D D	2012	
	Mailing Address P.O. Box 441153				03	14	2012	
	•	State MD	Zip Code 20749		Transa	ction ID: 197	788011	
	Purpose of Disbursement		207.10					
	Contribution			011	Amount of	of Each Disb	ursement this Period	
	Candidate Name			Category/			1000.00	
	Rep. Donna F. Edwards  Office Sought:	nent For:	2012	Туре		7		
	Zines seagin. Zineses Dispulsen		2012					
	Senate	Primary	General		Contributi	on		
					Contributi	on		
	President State: MD District: 04	Primary			Contributi	on		
	President State: MD District: 04 Full Name (Last, First, Middle Initial)	Primary						
<u> </u>	President State: MD District: 04	Primary			Date of [	Disbursement		
<u> </u>	President State: MD District: 04 Full Name (Last, First, Middle Initial)	Primary					2012	
<u> </u>	President State: MD District: 04  Full Name (Last, First, Middle Initial)  Courtney For Congress  Mailing Address 38 Risley Road	Primary Other (spe	ecify) 🔻		Date of I	Disbursement	2012	
<b>C</b> .	President Other District: 04  Full Name (Last, First, Middle Initial) Courtney For Congress  Mailing Address 38 Risley Road  City Vernon	Primary			Date of I	Disbursement	2012	
<b>C</b> .	President State: MD District: 04  Full Name (Last, First, Middle Initial)  Courtney For Congress  Mailing Address 38 Risley Road  City Vernon Purpose of Disbursement	Primary Other (spe	zip Code		Date of I	Disbursement	2012	
С.	President State: MD District: 04  Full Name (Last, First, Middle Initial) Courtney For Congress  Mailing Address 38 Risley Road  City Service	Primary Other (spe	zip Code	011	Date of I	Disbursement	2012	
<b>C</b> .	President State: MD District: 04  Full Name (Last, First, Middle Initial) Courtney For Congress  Mailing Address 38 Risley Road  City Service	Primary Other (spe	zip Code	Category/	Date of I	Disbursement	2012 788013	
<b>C</b> .	President State: MD District: 04  Full Name (Last, First, Middle Initial)  Courtney For Congress  Mailing Address 38 Risley Road  City Surnon  Purpose of Disbursement Contribution  Candidate Name  Rep. Joseph D. Courtney	Primary Other (spe	Zip Code 06066		Date of I	Disbursement	788013 ursement this Period	
<b>c</b> .	President District: 04  Full Name (Last, First, Middle Initial) Courtney For Congress  Mailing Address 38 Risley Road  City Vernon Purpose of Disbursement Contribution  Candidate Name Rep. Joseph D. Courtney  Office Sought:  House Senate  Disbursement	Primary Other (spe	Zip Code 06066	Category/	Date of I	Disbursement  14  Ction ID: 197	788013 ursement this Period	
C.	President State: MD District: 04  Full Name (Last, First, Middle Initial) Courtney For Congress  Mailing Address 38 Risley Road  City Service	Primary Other (spe	Zip Code 06066	Category/ Type	Date of I	Disbursement  14  Ction ID: 197	788013 ursement this Period	
<b>C</b> .	President District: 04  Full Name (Last, First, Middle Initial) Courtney For Congress  Mailing Address 38 Risley Road  City Vernon Purpose of Disbursement Contribution  Candidate Name Rep. Joseph D. Courtney  Office Sought:  House Senate  Disbursement	Primary Other (spe	Zip Code 06066	Category/ Type	Date of I	Disbursement  14  Ction ID: 197	788013 ursement this Period	
c.	President State: MD District: 04  Full Name (Last, First, Middle Initial) Courtney For Congress  Mailing Address 38 Risley Road  City Service	Primary Other (spe	Zip Code 06066  2012 General ecity)  2012 Convention	Category/ Type	Date of I	Disbursement  14  Ction ID: 197	788013 ursement this Period	
	President  State: MD District: 04  Full Name (Last, First, Middle Initial)  Courtney For Congress  Mailing Address 38 Risley Road  City State: CT District: 04  President  District: 04  President  State: CT District: 04  President  District: 04  State: CT District: 04  President  District: 04  State: CT District: 04	Primary Other (spe	Zip Code 06066  2012 General ecify)  2012 Convention	Category/ Type	Date of I	Disbursement  14  Ction ID: 197	2012 788013 ursement this Period 500.00	

SCHEDULE B (FEC Form 3X)		FOR LINE	TOMBETT.	GE 82 OF 93
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(criccit crity		
	Detailed Summary Page	21b 27	22 X 23 24 28a 28b 28c	25 26 30b
Any information copied from such Paparts and Statem	onto mov not be cold or w			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
American Hospital Association PAC				
·				
Full Name (Last, First, Middle Initial)			Date of Disbursement	
A. Courtney For Congress				
Mailing Address 38 Risley Road			03 14	2012
,	State Zip Code		Transaction ID: 1978801	4
Vernon Purpose of Disbursement	CT 06066			
Contribution		011	Amount of Each Disbursem	nent this Period
Candidate Name				
Rep. Joseph D. Courtney		Category/ Type		500.00
Office Sought: House Disbursen	nent For: 2012			
	Primary General		Contribution	
State: CT District: 02	Other (specify)			
Full Name (Last, First, Middle Initial)				
B. Re-Elect McGovern Committee			Date of Disbursement	
Ne Elect Mesovern committee			M M / D D / Y	YYY
Mailing Address PO Box 60405			03 14	2012
-				
City S Worcester	State Zip Code MA 01606		Transaction ID: 1978801	8
Purpose of Disbursement	01000			
Contribution		011	Amount of Each Disbursem	nent this Period
Candidate Name		Category/		1000.00
Rep. James P. McGovern		Туре		1000.00
	nent For: 2012 Primary General			
	Other (specify)		Contribution	
State: MA District: 02	(op)/ •			
Full Name (Last, First, Middle Initial)				
C. Steve Israel For Congress Commit	tee		Date of Disbursement	
				YYYY
Mailing Address PO Box 777			03 14	2012
City	State Zip Code			
	NY 11729		Transaction ID: 1978809	00
Purpose of Disbursement Contribution				
Candidate Name		011	Amount of Each Disbursem	nent this Period
Rep. Steve J. Israel		Category/ Type		250.00
	nent For: 2012	туре	7	
	Primary X General		Contribution	
President	Other (specify) ▼			
State: NY District: 03				
				1750.00
CURTOTAL of Dishursoments This Dags (entional)				
SUBTOTAL of Disbursements This Page (optional)		·····		1750.00

SCHEDULE B (FEC Form 3X)		PAGE 83 OF 93		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE	one)	
	Detailed Summary Page	21b 27	22 X 23 24 28a 28b 28	
[				
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)	The and address of any points	a. committee to	Conort Contributions from C	Jacii dominitado.
American Hospital Association PA	C			
/ American riospital Association 170	O			
Full Name (Last, First, Middle Initial)				
A. Michael Burgess For Congress			Date of Disbursement	
Mailing Address PO Box 2334			M M / D D /	2012
Mailing Address PO Box 2334			03 14	2012
City	State Zip Code			
Denton	TX 76202		Transaction ID: 1978	8092
Purpose of Disbursement Contribution		1		
		011	Amount of Each Disburs	sement this Period
Candidate Name Rep. Michael C. Burgess M.D.		Category/		1000.00
	ment For: 2012	Туре		
Senate Seaght.	Primary General		Contribution	
President	Other (specify) ▼		Contribution	
State: TX District: 26	,			
Full Name (Last, First, Middle Initial)				
B. Moran For Kansas			Date of Disbursement	
Matter Address Bar			M M / D D /	Y
Mailing Address PO Box 1151			03 15	2012
City	State Zip Code			
Hays	KS 67601		Transaction ID: 1978	8333
Purpose of Disbursement				
2016 Contribution		011	Amount of Each Disburs	sement this Period
Candidate Name		Category/		1000.00
Sen. Jerry Moran  Office Sought:   House   Disburse	ment For: 2016	Туре		
	Primary General		2016 Contribution	
President	Other (specify) ▼		2010 Contribution	
State: KS District:				
Full Name (Last, First, Middle Initial)				
C. Connolly For Congress			Date of Disbursement	
			M M / D D /	Y Y Y Y Y
Mailing Address PO Box 563			03 06	2012
City	State Zip Code			
Merrifield	VA 22116		Transaction ID: 1978	8641
Purpose of Disbursement Contribution				
		011	Amount of Each Disburs	sement this Period
Candidate Name		Category/		1000.00
Rep. Gerald E. Connolly  Office Sought:  House Disburse	ment For: 2012	Туре	7	
Senate Sought.	Primary General		Contribution	
President	Other (specify)		Contribution	
State: VA District: 11	· · · · · · · · · · · · · · · · · · ·			
SUBTOTAL of Disbursements This Page (optional).				3000.00
		<u> </u>		
TOTAL This Period (last page this line number only	·)	·····•		

	CHEDULE B (FEC Form 3X)	Use separate schedule(s)  for each extraory of the (check only one)  FOR LINE NUMBER: PAGE					34 O	F 93			
IT	EMIZED DISBURSEMENTS	for each ca	tegory of the		only of	ne) 22	<b>X</b> 23	24		25	<u>26</u>
		Detailed Su	ımmary Page		27	28a	28b	280		29	30b
	ny information copied from such Reports and Statem for commercial purposes, other than using the nam										
\ \	NAME OF COMMITTEE (In Full)	ie and addres	s of arry politica	COMMI	e 10 Si	Olicit Col	itributions	5 110111 51	ucii coi	mmue	<del> </del>
	American Hospital Association PAC	?									
<u>/</u>	·										
Λ.	Full Name (Last, First, Middle Initial)					D-44	Dialaa				
Α.	Lynn Jenkins For Congress						Disburse	_			
	Mailing Address P.O. Box 1441					03	/ D	4	20		Y
	City	State 2	Zip Code								
	Topeka		66601			Trans	action ID	: 19788	646		
	Purpose of Disbursement Contribution			011	7	Amount	of Each	Dishuro	omont	thia D	oriod
	Candidate Name					Amount	oi Eacii	Disburs	ement	inis P	erioa
	Rep. Lynn Jenkins			Category, Type	′	١.		1 4		1500.	00
		nent For: 20	12	71			,	,			
	Senate	Primary	Meneral Control			Contribu	ıtion				
		Other (specify	<b>√</b> ) <b>▼</b>								
	State: KS District: 02										
В.	Full Name (Last, First, Middle Initial)  Tim Johnson For South Dakota Inc					Date of	Disburse	ement			
	Tim Johnson For Sodin Dakota inc	,				M = M		D /	Y Y	Y	Υ
	Mailing Address PO Box 1536					03		5	_ 20	12	
	•		Zip Code			Trans	action ID	: 19788	649		
	Sioux Falls		Zip Code 57101			Trans	action ID	: 19788	649		
	•			011	1		action ID			this P	eriod
	Sioux Falls Purpose of Disbursement				]					_	
	Sioux Falls Purpose of Disbursement 2014 Contribution Candidate Name Sen. Tim Johnson			011 Category Type	1					this P	
	Sioux Falls  Purpose of Disbursement 2014 Contribution  Candidate Name  Sen. Tim Johnson  Office Sought: House Disbursem	SD nent For: 20	57101	Category	]					_	
	Sioux Falls  Purpose of Disbursement 2014 Contribution  Candidate Name  Sen. Tim Johnson  Office Sought: House Disbursem  Senate	nent For: 20 Primary	57101 14 General	Category		Amount		Disburs		_	
	Sioux Falls  Purpose of Disbursement 2014 Contribution  Candidate Name  Sen. Tim Johnson  Office Sought:  House Senate President  Disbursem	SD nent For: 20	57101 14 General	Category		Amount	of Each	Disburs		_	
	Sioux Falls  Purpose of Disbursement 2014 Contribution  Candidate Name  Sen. Tim Johnson  Office Sought: House Senate President  State: SD District:	nent For: 20 Primary	57101 14 General	Category		Amount	of Each	Disburs		_	
— С.	Sioux Falls  Purpose of Disbursement 2014 Contribution  Candidate Name  Sen. Tim Johnson  Office Sought: House Senate President  State: SD District:  Full Name (Last, First, Middle Initial)	nent For: 20 Primary	57101 14 General	Category		Amount 2014 Co	of Each	Disburs		_	
<b>c</b> .	Sioux Falls  Purpose of Disbursement 2014 Contribution  Candidate Name  Sen. Tim Johnson  Office Sought: House Senate President  State: SD District:	nent For: 20 Primary	57101 14 General	Category		Amount 2014 Co	of Each	Disburs		1000.	.00
<u> </u>	Sioux Falls  Purpose of Disbursement 2014 Contribution  Candidate Name  Sen. Tim Johnson  Office Sought: House Senate President  State: SD District:  Full Name (Last, First, Middle Initial)	nent For: 20 Primary	57101 14 General	Category		Amount 2014 Cc	of Each	Disburs	ement	1000.	.00
<b>C</b> .	Sioux Falls  Purpose of Disbursement 2014 Contribution  Candidate Name  Sen. Tim Johnson  Office Sought: House Senate President  State: SD District:  Full Name (Last, First, Middle Initial)  Dewhurst for Texas  Mailing Address 1210 San Antonio Street - Suite 70	nent For: 20 Primary Other (specify	57101  14     General /) ▼	Category		Amount 2014 Cc  Date of 03	of Each	Disburs	ement	1000.	.00
<b>c</b> .	Sioux Falls Purpose of Disbursement 2014 Contribution  Candidate Name  Sen. Tim Johnson  Office Sought: House Senate President State: SD District:  Full Name (Last, First, Middle Initial)  Dewhurst for Texas  Mailing Address 1210 San Antonio Street - Suite 70  City Austin	nent For: 20 Primary Other (specify	57101 14 General	Category		Amount 2014 Cc  Date of 03	of Each	Disburs	ement	1000.	.00
<u> </u>	Sioux Falls Purpose of Disbursement 2014 Contribution  Candidate Name Sen. Tim Johnson  Office Sought: House Senate President State: SD District:  Full Name (Last, First, Middle Initial)  Dewhurst for Texas  Mailing Address 1210 San Antonio Street - Suite 70  City Saustin  Purpose of Disbursement	nent For: 20 Primary Other (specify	57101  14     General /) ▼	Category. Type		Amount 2014 Cc  Date of 03	of Each	Disburs	ement	1000.	.00
<b>C</b> .	Sioux Falls Purpose of Disbursement 2014 Contribution  Candidate Name  Sen. Tim Johnson  Office Sought: House Senate President  State: SD District:  Full Name (Last, First, Middle Initial)  Dewhurst for Texas  Mailing Address 1210 San Antonio Street - Suite 70  City Sanate Purpose of Disbursement Contribution	nent For: 20 Primary Other (specify	57101  14     General /) ▼	Category. Type		Amount 2014 Cc  Date of 03	of Each	Disburs  ement  2: 19788	ement	1000.	000 Y
<b>C</b> .	Sioux Falls Purpose of Disbursement 2014 Contribution  Candidate Name  Sen. Tim Johnson  Office Sought: House Senate President State: SD District:  Full Name (Last, First, Middle Initial)  Dewhurst for Texas  Mailing Address 1210 San Antonio Street - Suite 70  City S  Austin  Purpose of Disbursement Contribution  Candidate Name	nent For: 20 Primary Other (specify	57101  14     General /) ▼	Category, Type  011  Category		Amount 2014 Cc  Date of 03	of Each ontribution Disburse	Disburs  ement  2: 19788	y y 20	1000.	oo Y
С.	Sioux Falls Purpose of Disbursement 2014 Contribution  Candidate Name  Sen. Tim Johnson  Office Sought:  House Senate President State: SD District:  Full Name (Last, First, Middle Initial)  Dewhurst for Texas  Mailing Address 1210 San Antonio Street - Suite 70  City Austin Purpose of Disbursement Contribution  Candidate Name  David Dewhurst	nent For: 20 Primary Other (specify	57101  14     General  /) ▼  Zip Code 78767	Category. Type		Amount 2014 Cc  Date of 03	of Each ontribution Disburse	Disburs  ement  2: 19788	y y 20	1000.	oo Y
c.	Sioux Falls Purpose of Disbursement 2014 Contribution  Candidate Name  Sen. Tim Johnson  Office Sought: House Senate President  State: SD District:  Full Name (Last, First, Middle Initial)  Dewhurst for Texas  Mailing Address 1210 San Antonio Street - Suite 70  City Sanate President  Contribution  Candidate Name  David Dewhurst  Office Sought: House Senate  Senate	nent For: 20 Primary Other (specify	57101  14     General  /) ▼  Zip Code 78767	Category, Type  011  Category		Amount 2014 Cc  Date of 03	of Each  Disburse  1  action ID  of Each	Disburs  ement  2: 19788	y y 20	1000.	oo Y
c.	Sioux Falls Purpose of Disbursement 2014 Contribution  Candidate Name  Sen. Tim Johnson  Office Sought: House Senate President  State: SD District:  Full Name (Last, First, Middle Initial)  Dewhurst for Texas  Mailing Address 1210 San Antonio Street - Suite 70  City Sanate Purpose of Disbursement Contribution  Candidate Name  David Dewhurst  Office Sought: House Senate President  Senate President  Disbursement  Senate President	nent For: 20 Primary Other (specify	57101  14	Category, Type  011  Category		Amount 2014 Cc  Date of 03  Trans	of Each  Disburse  1  action ID  of Each	Disburs  ement  2: 19788	y y 20	1000.	oo Y
C.	Sioux Falls Purpose of Disbursement 2014 Contribution  Candidate Name  Sen. Tim Johnson  Office Sought: House Senate President  State: SD District:  Full Name (Last, First, Middle Initial)  Dewhurst for Texas  Mailing Address 1210 San Antonio Street - Suite 70  City Sanate  Purpose of Disbursement Contribution  Candidate Name  David Dewhurst  Office Sought: House Senate  Senate	nent For: 20 Primary Other (specify  State 7  TX  nent For: 20 Primary	57101  14	Category, Type  011  Category		Amount 2014 Cc  Date of 03  Trans	of Each  Disburse  1  action ID  of Each	Disburs  ement  2: 19788	y y 20	1000.	oo Y
C.	Sioux Falls Purpose of Disbursement 2014 Contribution  Candidate Name  Sen. Tim Johnson  Office Sought:  House President  State: SD District:  Full Name (Last, First, Middle Initial)  Dewhurst for Texas  Mailing Address 1210 San Antonio Street - Suite 70  City Austin Purpose of Disbursement Contribution  Candidate Name  David Dewhurst  Office Sought:  House Senate President  Senate President  State: TX  District:	nent For: 20 Primary Other (specify  State 7  TX  ment For: 20 Primary Other (specify	57101  14	O11 Category, Type		Amount 2014 Cc  Date of 03  Trans	of Each  Disburse  1  action ID  of Each	Disburs  ement  2: 19788	ement 20°	1000.	eriod
C.	Sioux Falls Purpose of Disbursement 2014 Contribution  Candidate Name  Sen. Tim Johnson  Office Sought: House Senate President  State: SD District:  Full Name (Last, First, Middle Initial)  Dewhurst for Texas  Mailing Address 1210 San Antonio Street - Suite 70  City Sanate Purpose of Disbursement Contribution  Candidate Name  David Dewhurst  Office Sought: House Senate President  Senate President  Disbursement  Senate President	nent For: 20 Primary Other (specify  State 7  TX  ment For: 20 Primary Other (specify	57101  14	O11 Category, Type		Amount 2014 Cc  Date of 03  Trans	of Each  Disburse  1  action ID  of Each	Disburs  ement  2: 19788	ement 20°	1000. 12 this P	eriod

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 85 OF 93
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(onlook only	•	
	Detailed Summary Page	21b 27		24 25 26 28c 29 30b
Any information copied from such Reports and Stater	aanta may not ba gold or u			
or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American Hospital Association PAG	2			
·				
Full Name (Last, First, Middle Initial)  A. Citizens For Rush			Date of Disbursement	
A. Citizens For Rush				YYYY
Mailing Address P. O. Box 7292			03 15	2012
•	State Zip Code		Transaction ID: 197	88653
Chicago Purpose of Disbursement	IL 60680			
Contribution		011	Amount of Each Disbu	rsement this Period
Candidate Name		Category/		
Rep. Bobby Lee Rush		Type		2500.00
	nent For: 2012			
	Primary General		Contribution	
State: IL District: 01	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B. Friends Of Jeanne Shaheen			Date of Disbursement	
Thomas of Joannie Charleon			M = M / D = D /	Y
Mailing Address 105 N State Street			03 14	2012
O't-	7'- 0-1-			
City S Concord	State Zip Code NH 03301		Transaction ID: 197	88655
Purpose of Disbursement	30001			
2014 Contribution		011	Amount of Each Disbu	ursement this Period
Candidate Name		Category/		1000.00
Sen. Jeanne Shaheen  Office Sought: House Disburser		Type		1000.00
	nent For: 2014 Primary General		0044 Occupilla at a	
President	Other (specify)		2014 Contribution	
State: NH District:	, , , , , , , , , , , , , , , , , , ,			
Full Name (Last, First, Middle Initial)				
<sup>C.</sup> Garamendi For Congress			Date of Disbursement	
M-Tara Address Cooper			M M / D D /	2012
Mailing Address 3605 Long Beach Blvd., Ste. 426			03 21	2012
City	State Zip Code		Transaction ID : 407	70004E
Long Beach	CA 90807		Transaction ID: 197	96045
Purpose of Disbursement Contribution		011		
Candidate Name		011	Amount of Each Disbu	ursement this Period
Rep. John Garamendi		Category/ Type		1000.00
•	nent For: 2012	. 715 -		
Senate	Primary General		Contribution	
President	Other (specify) ▼			
State: CA District: 03				
CURTOTAL of Dichurcomente This Dans (anti)				4500.00
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE	86 OF 93
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	•	¬
	Detailed Summary Page	21b 27	22 X 23 24 28b 28c	25 26 29 30b
Any information copied from such Reports and Stater	anto mou not be cold or us			
or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American Hospital Association PAG	2			
·				
Full Name (Last, First, Middle Initial)			Date of Disbursement	
A. Friends Of Carolyn McCarthy				Y
Mailing Address 151 Linden Road				2012
,	State Zip Code NY 11501		Transaction ID: 19798047	
Mineola Purpose of Disbursement	NY 11501			
Contribution		011	Amount of Each Disbursemer	nt this Period
Candidate Name		Category/		
Rep. Carolyn McCarthy		Type		1000.00
	nent For: 2012			
	Primary General		Contribution	
State: NY District: 04	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B. Gillibrand For Senate			Date of Disbursement	
			M = M / D = D / Y = Y	Y Y Y
Mailing Address 236 Massachusetts Ave Suite 110			03 21 2	2012
Cit.	State Zin Code			
City S Washington	State Zip Code DC 20002		Transaction ID: 19798048	
Purpose of Disbursement				
Contribution		011	Amount of Each Disbursemen	nt this Period
Candidate Name		Category/		500.00
Sen. Kirsten E. Gillibrand  Office Sought: House Disburser	nent For: 2012	Туре	7	132.11
	Primary Seneral		Contribution	
President	Other (specify) ▼		Contribution	
State: NY District:				
Full Name (Last, First, Middle Initial)				
C. Richard Hanna For Congress			Date of Disbursement	
Mailing Address 2308 Genesee Street				2012
Mailing Address 2506 Genesee Street			00 21 2	.012
City	State Zip Code		Transaction ID: 19798053	
Utica	NY 13502		Transaction ib . 19790000	
Purpose of Disbursement Contribution		011		
Candidate Name			Amount of Each Disbursemen	it this Period
Rep. Richard Hanna		Category/ Type		500.00
•	nent For: 2012		7	
Senate	Primary General		Contribution	
President Pictriotic 24	Other (specify) ▼			
State: NY District: 24				
SUBTOTAL of Disbursements This Page (optional)				2000.00
CODIOTAL OF DISDUISEMENTS THIS Page (optional)			7	

	CHEDULE B (FEC Form 3X)	Use separate s	chedule(s)	FOR LINE	NUMBER:	:	PAG	GE 87 C	)F 93
П	EMIZED DISBURSEMENTS	for each catego	ry of the	21k		<b>X</b> 23	24	25	<u>26</u>
		Detailed Summa	ary Page	27	28a	28b	28c	29	30b
	ny information copied from such Reports and Stater for commercial purposes, other than using the nar								
<u>\</u>	NAME OF COMMITTEE (In Full)	ic and address of	arry political	COMMITTEE	to solicit co	THIDUHOTIS	110111 3001	T COMMINE	<del> </del>
$\rangle$	American Hospital Association PA	С							
	Full Name (Last, First, Middle Initial)								
Α.	Rush Holt For Congress				Date o	f Disburser		I Y I Y I	Υ
	Mailing Address PO Box 782				03	21		2012	
	City	State Zip (	Code		Trans	saction ID :	1979805	5	
	Pennington	NJ 0853	34		_ ITAIIS	saction ib .	1373003	•	
	Purpose of Disbursement Contribution		П	011	Amoun	t of Each [	Disbursem	ent this F	Period
	Candidate Name			Category/				4000	.00
	Rep. Rush D. Holt			Туре		7	7	1000	.00
	Office Sought: House Disburser Senate President	nent For: 2012 Primary Other (specify)	General		Contrib	ution			
	State: NJ District: 12								
R	Full Name (Last, First, Middle Initial)				Data	f Disburser	nont		
٥.	Pallone For Congress				M M	/ Disburser		YY	V
	Mailing Address PO Box 3176				03	21		2012	
	,	State Zip (			Trans	saction ID	1979805	6	
	Long Branch Purpose of Disbursement	•							
	Long Branch Purpose of Disbursement Contribution	•	40	011		saction ID			Period
	Long Branch Purpose of Disbursement Contribution Candidate Name	•	40	Category/					
	Long Branch Purpose of Disbursement Contribution Candidate Name Rep. Frank Pallone Jr.	NJ 0774	40					nent this F	
	Long Branch Purpose of Disbursement Contribution  Candidate Name  Rep. Frank Pallone Jr.  Office Sought: House Disburser	NJ 0774  ment For: 2012  Primary	General	Category/		t of Each [		nent this F	
	Long Branch Purpose of Disbursement Contribution  Candidate Name  Rep. Frank Pallone Jr.  Office Sought:    House   Disburser	NJ 0774	General	Category/	Amoun	t of Each [		nent this F	
_	Long Branch Purpose of Disbursement Contribution  Candidate Name  Rep. Frank Pallone Jr.  Office Sought:  Senate President State: NJ District: 06  Full Name (Last, First, Middle Initial)	NJ 0774  ment For: 2012  Primary	General	Category/	Amoun	t of Each I	Disbursem	nent this F	
c.	Long Branch Purpose of Disbursement Contribution  Candidate Name  Rep. Frank Pallone Jr.  Office Sought:  House Senate President  State: NJ District: 06	NJ 0774  ment For: 2012  Primary	General	Category/	Amoun  Contrib	t of Each [ ution f Disburser	Disbursem	nent this F	0.00
<u> </u>	Long Branch Purpose of Disbursement Contribution  Candidate Name  Rep. Frank Pallone Jr.  Office Sought:  House Senate President State: NJ District: 06  Full Name (Last, First, Middle Initial)  Paul Tonko For Congress  Mailing Address 911 Central Avenue	NJ 0774  ment For: 2012  Primary	General	Category/	Amoun	t of Each I	Disbursem	nent this F	0.00
С.	Long Branch Purpose of Disbursement Contribution  Candidate Name  Rep. Frank Pallone Jr.  Office Sought:  House Senate President State: NJ District: 06  Full Name (Last, First, Middle Initial)  Paul Tonko For Congress  Mailing Address 911 Central Avenue PO Box 221	nent For: 2012 Primary Other (specify)	General	Category/	Amoun  Contrib  Date o	ution  f Disburser	Disbursem nent	1000 1000	0.00
C.	Long Branch Purpose of Disbursement Contribution  Candidate Name  Rep. Frank Pallone Jr.  Office Sought:  House Senate President State: NJ District: 06  Full Name (Last, First, Middle Initial)  Paul Tonko For Congress  Mailing Address 911 Central Avenue PO Box 221	NJ 0774  ment For: 2012  Primary	General Code	Category/	Amoun  Contrib  Date o	t of Each [ ution  f Disburser	Disbursem nent	1000 1000	0.00
<u> </u>	Long Branch Purpose of Disbursement Contribution  Candidate Name  Rep. Frank Pallone Jr.  Office Sought:  House Senate President State: NJ District: 06  Full Name (Last, First, Middle Initial)  Paul Tonko For Congress  Mailing Address 911 Central Avenue PO Box 221  City	nent For: 2012 Primary Other (specify)	General Code	Category/ Type	Amoun  Contrib  Date o	ution  f Disburser  / 21	nent	1000 2012	).00
C.	Long Branch Purpose of Disbursement Contribution  Candidate Name  Rep. Frank Pallone Jr.  Office Sought:  House Senate President State: NJ District: 06  Full Name (Last, First, Middle Initial)  Paul Tonko For Congress  Mailing Address 911 Central Avenue PO Box 221  City Albany Purpose of Disbursement	nent For: 2012 Primary Other (specify)	General Code 06	Category/ Type	Amoun  Contrib  Date o	ution  f Disburser	nent	1000 2012	).00
C.	Long Branch Purpose of Disbursement Contribution  Candidate Name  Rep. Frank Pallone Jr.  Office Sought:  Senate President President State: NJ District: 06  Full Name (Last, First, Middle Initial)  Paul Tonko For Congress  Mailing Address 911 Central Avenue PO Box 221  City Albany Purpose of Disbursement Contribution	nent For: 2012 Primary Other (specify)	General Code 06	Category/ Type	Amoun  Contrib  Date o	ution  f Disburser  / 21	nent	1000 2012	Period
<b>C</b> .	Long Branch Purpose of Disbursement Contribution  Candidate Name  Rep. Frank Pallone Jr.  Office Sought:  House Senate President State: NJ District: 06  Full Name (Last, First, Middle Initial)  Paul Tonko For Congress  Mailing Address 911 Central Avenue PO Box 221  City Albany  Purpose of Disbursement Contribution  Candidate Name  Rep. Paul David Tonko  Office Sought:  House  Disburser	nent For: 2012 Primary Other (specify)  State Zip ( NY 1220	General Code 06	Category/ Type  011  Category/	Amoun  Contrib  Date o	ution  f Disburser  / 21	nent	1000 Y Y 2012 9	Period
C.	Long Branch Purpose of Disbursement Contribution  Candidate Name  Rep. Frank Pallone Jr.  Office Sought:  House Senate President State: NJ District: 06  Full Name (Last, First, Middle Initial) Paul Tonko For Congress  Mailing Address 911 Central Avenue PO Box 221  City Albany Purpose of Disbursement Contribution  Candidate Name  Rep. Paul David Tonko	nent For: 2012 Primary Other (specify)	General  Code  General	Category/ Type  011  Category/	Amoun  Contrib  Date o	ution  f Disburser  / 21  saction ID :	nent	1000 Y Y 2012 9	Period
C.	Long Branch Purpose of Disbursement Contribution  Candidate Name  Rep. Frank Pallone Jr.  Office Sought:  Senate President President  State: NJ District: 06  Full Name (Last, First, Middle Initial)  Paul Tonko For Congress  Mailing Address 911 Central Avenue PO Box 221  City Albany Purpose of Disbursement Contribution  Candidate Name  Rep. Paul David Tonko  Office Sought:  House Senate  Disburser  Disburser	nent For: 2012 Primary Other (specify)  State Zip ( NY 1220  ment For: 2012 Primary	General  Code  General	Category/ Type  011  Category/	Amoun  Contrib  Date o  03  Trans	ution  f Disburser  / 21  saction ID :	nent	1000 Y Y 2012 9	Period
C.	Long Branch Purpose of Disbursement Contribution  Candidate Name  Rep. Frank Pallone Jr.  Office Sought:  House Senate President State: NJ District: 06  Full Name (Last, First, Middle Initial)  Paul Tonko For Congress  Mailing Address 911 Central Avenue PO Box 221  City Albany  Purpose of Disbursement Contribution  Candidate Name  Rep. Paul David Tonko  Office Sought:  House Senate President  State: NY District: 21	nent For: 2012 Primary Other (specify)  State Zip ( NY 1220  ment For: 2012 Primary Other (specify)	General Code General	Category/ Type  011  Category/ Type	Amoun  Contrib  Date o  03  Trans	ution  f Disburser  / 21  saction ID :	nent	1000 Y Y 2012 9	Period
C.	Long Branch Purpose of Disbursement Contribution  Candidate Name  Rep. Frank Pallone Jr.  Office Sought:  Senate President State: NJ District: 06  Full Name (Last, First, Middle Initial) Paul Tonko For Congress  Mailing Address 911 Central Avenue PO Box 221  City Albany Purpose of Disbursement Contribution  Candidate Name  Rep. Paul David Tonko  Office Sought:  House Senate President  Disburser  Senate President	nent For: 2012 Primary Other (specify)  State Zip ( NY 1220  ment For: 2012 Primary Other (specify)	General Code General	Category/ Type  011  Category/ Type	Amoun  Contrib  Date o  03  Trans	ution  f Disburser  / 21  saction ID :	nent	2000	Period

	CHEDULE B (FEC Form 3X)	Use separate sc	Use separate schedule(s)   (check only			NE NUMBER: PAGE 88 OF 93 only one)		
1 1	EMIZED DISBURSEMENTS	for each categor Detailed Summa	y of the	21b	22 🗙 23	24 25 26		
Ar	ny information copied from such Reports and Staten	ents may not be s	sold or used	by any perso	n for the purpose of s	28c 29 30b		
	for commercial purposes, other than using the name							
$\setminus$	NAME OF COMMITTEE (In Full)	_						
/	American Hospital Association PAC	j						
_	Full Name (Last, First, Middle Initial)				D . (D).			
Α.	Loebsack For Congress				Date of Disburseme	ent		
	Mailing Address PO Box 2720				03 21	2012		
	City	State Zip C	ode		Transaction ID : 4	0709060		
	Cedar Rapids	IA 52406	6		Transaction ID: 1	9798060		
	Purpose of Disbursement Contribution		П	011	Amount of Each Dis	sbursement this Period		
	Candidate Name			Category/				
	Rep. David Wayne Loebsack			Type	7	1000.00		
		nent For: 2012	Canaral					
		Primary (Other (specify)	General		Contribution			
	State: IA District: 02	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (						
	Full Name (Last, First, Middle Initial)							
В.	Victory Now!				Date of Disburseme	ent		
	Mailing Address 10605 Concord Street				03 21	2012		
	Suite 202	State Zip C	odo					
	•	State Zip Ci MD 2089			Transaction ID: 1	9798061		
	Purpose of Disbursement 2012 Contribution			011	Amount of Each Dir	burgoment this Pariod		
	Candidate Name		—— L		Amount of Each Dis	sbursement this Period		
	Victory Now!		'	Category/ Type		2500.00		
	Office Sought: House Disbursen	nent For:	I					
		,	General		2012 Contribution			
	President State: District:	Other (specify) ▼						
	Full Name (Last, First, Middle Initial)							
	Tuli Name (Last, Flist, Middle Illital)							
C.	Carper For Senate				Date of Disburseme	ent		
C.	Carper For Senate				Date of Disburseme	/ Y Y Y Y Y		
C.	•				M M / D D			
C.	Carper For Senate  Mailing Address P.O. Box 2882  City	State Zip C			M M / D D	2012		
C.	Carper For Senate  Mailing Address P.O. Box 2882  City Sillington	State Zip C DE 1980s			03 / 21	2012		
C.	Carper For Senate  Mailing Address P.O. Box 2882  City Selection Wilmington  Purpose of Disbursement Contribution			011	M 03 / 21  Transaction ID : 1	2012		
C.	Carper For Senate  Mailing Address P.O. Box 2882  City S Wilmington Purpose of Disbursement Contribution  Candidate Name		5 	Category/	M 03 / 21  Transaction ID : 1	9798062 Sbursement this Period		
C.	Carper For Senate  Mailing Address P.O. Box 2882  City S Wilmington Purpose of Disbursement Contribution  Candidate Name Sen. Thomas R. Carper	DE 1980	5 		M 03 / 21  Transaction ID : 1	9798062		
c.	Carper For Senate  Mailing Address P.O. Box 2882  City Selection S	DE 19809	5 	Category/	M 03 / 21  Transaction ID : 1	2012 9798062 Subursement this Period		
C.	Carper For Senate  Mailing Address P.O. Box 2882  City Senate Purpose of Disbursement Contribution  Candidate Name Sen. Thomas R. Carper  Office Sought: House Senate President President	DE 19809	5	Category/	Transaction ID : 1  Amount of Each Dis	9798062 Sbursement this Period		
C.	Carper For Senate  Mailing Address P.O. Box 2882  City Selection Wilmington Purpose of Disbursement Contribution  Candidate Name Sen. Thomas R. Carper  Office Sought: House Disbursen Senate	nent For: 2012 Primary	5	Category/	Transaction ID : 1  Amount of Each Dis	9798062 Sbursement this Period		
C.	Carper For Senate  Mailing Address P.O. Box 2882  City Selection S	nent For: 2012 Primary (Other (specify)	General	Category/ Type	Transaction ID : 1  Amount of Each Dis	9798062 Sbursement this Period		
c.	Carper For Senate  Mailing Address P.O. Box 2882  City Senate Purpose of Disbursement Contribution  Candidate Name Sen. Thomas R. Carper  Office Sought: House Senate President President	nent For: 2012 Primary (Other (specify)	General	Category/ Type	Transaction ID : 1  Amount of Each Dis	9798062 Subursement this Period 500.00		

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		IE NUMBER: PAGE 89 OF 93		
ITEMIZED DISBURSEMENTS	for each category of the	(check only		26	
	Detailed Summary Page	27		30b	
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan					
NAME OF COMMITTEE (In Full)					
American Hospital Association PA	C				
Full Name (Last, First, Middle Initial)			Data of Diskumanusus		
A. Tim Walz For Us Congress			Date of Disbursement		
Mailing Address PO Box 938			03 21 2012		
City	State Zip Code		Transaction ID: 19798063		
Mankato	MN 56002		11ansaction ib . 19790003		
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period	d	
Candidate Name		Category/		7	
Rep. Timothy J. Walz		Type	1000.00	_	
	nent For: 2012 Primary General Other (specify) ▼		Contribution		
State: MN District: 01					
Full Name (Last, First, Middle Initial)			Date of Disbursement		
B. Steve Cohen For Congress			Man / Dab / Yayayay		
Mailing Address 349 Kenilworth Place			03 21 2012		
Memphis	State Zip Code TN 38112		Transaction ID: 19798064		
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period	1	
Candidate Name		Category/		7	
Rep. Stephen Ira Cohen		Type	1000.00	_	
	nent For: 2012 Primary General Other (specify) ▼		Contribution		
Full Name (Last, First, Middle Initial)					
C. Ann Wagner for Congress			Date of Disbursement		
Mailing Address PO Box 50			03 28 2012		
•	State Zip Code		Transaction ID : 19800972		
Ballwin Purpose of Disbursement	MO 63022				
Contribution		011	Amount of Each Disbursement this Period	ł	
Candidate Name		Category/	500.00	т.	
Ann Wagner		Type	500.00	_	
Office Sought: House Disburser  Senate President	nent For: 2012 Primary General Other (specify)		Contribution		
State: MO District: 02	• • • •				
SUBTOTAL of Disbursements This Page (optional)		·····	2500.00		
TOTAL This Period (last page this line number only)				Ī	

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 90 OF 93
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	TO ME LITE
	for each category of the Detailed Summary Page	21b	22 🗶 23 24 25 26
	Botanoa Gammary Fago	27	28a 28b 28c 29 30b
Any information copied from such Reports and Stat	ements may not be sold or us	sed by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the na	ame and address of any politi	ical committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PA	√C		
<u> </u>			
Full Name (Last, First, Middle Initial)			B
A. Kathy Hochul For Congress			Date of Disbursement
Mailian Address DOD 04			M M / D D / Y Y Y Y
Mailing Address PO Box 64			03 28 2012
City	State Zip Code		
Buffalo	NY 14231		Transaction ID: 19800974
Purpose of Disbursement			
Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Kathleen Hochul		Type	1000.00
Office Sought: House Disburs	ement For: 2012		
Senate	Primary General		Contribution
President	Other (specify) ▼		
State: NY District: 26			
Full Name (Last, First, Middle Initial)			
B. Bill Owens For Congress			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO Box 1575			03 28 2012
Oit.	Otata Zia Oada		
City	State Zip Code		Transaction ID: 19800976
Plattehurah	NY 12001		
Plattsburgh Purpose of Disbursement	NY 12901		
Plattsburgh Purpose of Disbursement Contribution	NY 12901	011	Amount of Each Disbursement this Period
Purpose of Disbursement	NY 12901		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	NY 12901	011 Category/ Type	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name Rep. Bill Owens	NY 12901  ement For: 2012	Category/	
Purpose of Disbursement Contribution  Candidate Name  Rep. Bill Owens  Office Sought: House Disburs		Category/	
Purpose of Disbursement Contribution  Candidate Name  Rep. Bill Owens  Office Sought: House Disburs	ement For: 2012	Category/	1500.00
Purpose of Disbursement Contribution  Candidate Name  Rep. Bill Owens  Office Sought:    House   Disburs	ement For: 2012 Primary General	Category/	1500.00
Purpose of Disbursement Contribution  Candidate Name  Rep. Bill Owens  Office Sought:    House   Disbursement   Senate   President   Senate   President   Senate   Senate   President   Senate	ement For: 2012 Primary General	Category/	1500.00
Purpose of Disbursement Contribution  Candidate Name  Rep. Bill Owens  Office Sought:  House Senate President  State: NY District: 23	ement For: 2012 Primary General	Category/	1500.00
Purpose of Disbursement Contribution  Candidate Name  Rep. Bill Owens  Office Sought:  Senate President State: NY District: 23  Full Name (Last, First, Middle Initial)  C. Bill Owens For Congress	ement For: 2012 Primary General	Category/	Table of Disbursement
Purpose of Disbursement Contribution  Candidate Name  Rep. Bill Owens  Office Sought: House Disburs Senate President State: NY District: 23  Full Name (Last, First, Middle Initial)	ement For: 2012 Primary General	Category/	Tool.00  Contribution  Date of Disbursement
Purpose of Disbursement Contribution  Candidate Name  Rep. Bill Owens  Office Sought:  State: NY  District: 23  Full Name (Last, First, Middle Initial)  C. Bill Owens For Congress  Mailing Address PO Box 1575	ement For: 2012 Primary General Other (specify) ▼	Category/	Table of Disbursement
Purpose of Disbursement Contribution  Candidate Name  Rep. Bill Owens  Office Sought:  State: NY  District: 23  Full Name (Last, First, Middle Initial)  C. Bill Owens For Congress  Mailing Address PO Box 1575  City	ement For: 2012 Primary General Other (specify) ▼	Category/	Table of Disbursement
Purpose of Disbursement Contribution  Candidate Name  Rep. Bill Owens  Office Sought:  State: NY  District: 23  Full Name (Last, First, Middle Initial)  C. Bill Owens For Congress  Mailing Address PO Box 1575	ement For: 2012 Primary General Other (specify) ▼	Category/	Date of Disbursement  M M / P P / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution  Candidate Name  Rep. Bill Owens  Office Sought:  State: NY  District: 23  Full Name (Last, First, Middle Initial)  C. Bill Owens For Congress  Mailing Address PO Box 1575  City  Plattsburgh	ement For: 2012 Primary General Other (specify) ▼	Category/	Contribution  Date of Disbursement  M M / P D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution  Candidate Name  Rep. Bill Owens  Office Sought:  House Senate President State: NY District: 23  Full Name (Last, First, Middle Initial)  C. Bill Owens For Congress  Mailing Address PO Box 1575  City Plattsburgh Purpose of Disbursement	ement For: 2012 Primary General Other (specify) ▼	Category/ Type	Date of Disbursement  M M / P P / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution  Candidate Name  Rep. Bill Owens  Office Sought: House Senate President State: NY District: 23  Full Name (Last, First, Middle Initial)  C. Bill Owens For Congress  Mailing Address PO Box 1575  City Plattsburgh Purpose of Disbursement Contribution	ement For: 2012 Primary General Other (specify) ▼	Category/ Type	Contribution  Date of Disbursement  M M / P D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution  Candidate Name  Rep. Bill Owens  Office Sought:  House Senate President State: NY District: 23  Full Name (Last, First, Middle Initial)  C. Bill Owens For Congress  Mailing Address PO Box 1575  City Plattsburgh Purpose of Disbursement Contribution  Candidate Name  Rep. Bill Owens	ement For: 2012 Primary General Other (specify) ▼	Category/ Type  011 Category/	Contribution  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution  Candidate Name  Rep. Bill Owens  Office Sought:  House Senate President State: NY District: 23  Full Name (Last, First, Middle Initial)  C. Bill Owens For Congress  Mailing Address PO Box 1575  City Plattsburgh Purpose of Disbursement Contribution  Candidate Name  Rep. Bill Owens	ement For: 2012 Primary General Other (specify) ▼  State Zip Code NY 12901	Category/ Type  011 Category/	Contribution  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution  Candidate Name  Rep. Bill Owens  Office Sought:  State: NY District: 23  Full Name (Last, First, Middle Initial)  C. Bill Owens For Congress  Mailing Address PO Box 1575  City Plattsburgh Purpose of Disbursement Contribution  Candidate Name  Rep. Bill Owens  Office Sought: House Disburs	ement For: 2012 Primary General Other (specify)   State Zip Code NY 12901  ement For: 2012	Category/ Type  011 Category/	Contribution  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution  Candidate Name Rep. Bill Owens  Office Sought:  State: NY  President State: NY  District: 23  Full Name (Last, First, Middle Initial)  C. Bill Owens For Congress  Mailing Address PO Box 1575  City Plattsburgh Purpose of Disbursement Contribution  Candidate Name Rep. Bill Owens  Office Sought:  House Senate  Disburs	ement For: 2012 Primary General Other (specify)  State Zip Code NY 12901  ement For: 2012 Primary General	Category/ Type  011 Category/	Contribution  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution  Candidate Name  Rep. Bill Owens  Office Sought:    Yes   House   Disbursement	ement For: 2012 Primary General Other (specify)   State Zip Code NY 12901  ement For: 2012 Primary General Other (specify)   General Other (specify)	Category/ Type  011  Category/ Type	Contribution  Date of Disbursement  M M / P P P / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution  Candidate Name Rep. Bill Owens  Office Sought:    House   President   Presid	ement For: 2012 Primary General Other (specify)   State Zip Code NY 12901  ement For: 2012 Primary General Other (specify)   General Other (specify)	Category/ Type  011  Category/ Type	Contribution  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution  Candidate Name  Rep. Bill Owens  Office Sought:    Yes   House   Disbursement	ement For: 2012 Primary General Other (specify)   State Zip Code NY 12901  ement For: 2012 Primary General Other (specify)   Other (specify)	Category/ Type  011  Category/ Type	Contribution  Date of Disbursement  M M / P P P / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	NOMBELL.	3
ITEMIZED DISBURSEMENTS	for each category of the	(check only 21b		26
	Detailed Summary Page	27		30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American Hospital Association PAC				
Full Name (Last, First, Middle Initial)			Data of Dishamanant	
A. Charlie Dent For Congress			Date of Disbursement	
Mailing Address PO Box 442			03 28 2012	
City	State Zip Code		Transaction ID : 10000070	
Allentown	PA 18105		Transaction ID: 19800979	
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/		7
Rep. Charles W. Dent		Type	1000.00	J
Senate	nent For: 2012  Primary General  Other (specify)		Contribution	
State: PA District: 15				
Full Name (Last, First, Middle Initial)			D (D)	
B. Garagiola For Congress			Date of Disbursement	
Mailing Address 13421 Winterspoon Lane			03 28 2012	
,	State Zip Code MD 20874		Transaction ID : 19800980	
Germantown Purpose of Disbursement	MD 20874			
Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	2000.00	1
Mr. Robert Garagiola		Type	2000.00	J
Senate	nent For: 2012  Primary General  Other (specify)		Contribution	
Full Name (Last, First, Middle Initial)				_
C. Kathy Hochul For Congress			Date of Disbursement	
Mailing Address PO Box 64			03 28 2012	
City	State Zip Code		Transaction ID : 19800981	
= =	NY 14231		114113434101115 : 13000301	
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00	1
Rep. Kathleen Hochul		Туре	1000.00	J
Senate	nent For: 2012  Primary General  Other (specify)		Contribution	
State: NY District: 26				
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	4000.00	Ī
TOTAL This Period (last page this line number only)				ĺ

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		E NUMBER: PAGE 92 OF 93		
ITEMIZED DISBURSEMENTS	for each category of the	(check only 21b	one) 22 X 23	24 25 26	
	Detailed Summary Page	27	28a 28b	28c 29 30b	
Any information copied from such Reports and States or for commercial purposes, other than using the nar					
NAME OF COMMITTEE (In Full)					
American Hospital Association PA	C				
Full Name (Last, First, Middle Initial)			Data of Dialaman		
A. Friends Of Dick Lugar Inc			Date of Disbursemen	/	
Mailing Address PO Box 55952			03 28	2012	
•	State Zip Code		Transaction ID : 19	800083	
Indianapolis	IN 46205		Transaction ib . 19	000302	
Purpose of Disbursement Contribution		011	Amount of Each Disb	oursement this Period	
Candidate Name		Category/		1 1 1 1 1 1 1 1	
Sen. Richard G. Lugar		Type		500.00	
Office Sought:  House  Senate  President  Disburse	nent For: 2012 Primary General Other (specify)		Contribution		
State: IN District:					
Full Name (Last, First, Middle Initial)			Data of Diahumaanaa		
B. Bonamici for Congress			Date of Disbursemen	/	
Mailing Address 2236 SE 10th Avenue			03 28	2012	
Portland	State Zip Code OR 97214		Transaction ID : 19	800983	
Purpose of Disbursement Contribution		011	Amount of Each Disb	oursement this Period	
Candidate Name		Category/		4000.00	
Suzanne Bonamici		Type		1000.00	
Senate	ment For: 2012 Primary General Other (specify) ▼ 2011 SpecPrim D	)oht	Contribution		
Full Name (Last, First, Middle Initial)	2011 Opeci IIII L	Jebi			
C. Vick For Congress			Date of Disbursemen	t	
Mailing Address PO Box 310			03 28	2012	
City	State Zip Code		Transaction ID - 40	200000	
Chesterfield	SC 29709		Transaction ID: 19	000990	
Purpose of Disbursement Contribution		011	Amount of Each Disb	oursement this Period	
Candidate Name		Category/	Amount of Edon Blob		
Mr. Ted Vick		Type		2000.00	
Office Sought: House Disburser  Senate President	nent For: 2012 Primary General Other (specify)		Contribution		
State: SC District: 07	· ·				
SUBTOTAL of Disbursements This Page (optional)		······	7	3500.00	
TOTAL This Period (last page this line number only					

<u>ا</u> ت	CHEDULE B (FEC Form 3X)	Llos conovoto	achadula(a)	FOR LINE		PAGE 9	3 OF 93
IT	EMIZED DISBURSEMENTS	Use separate some for each categorial		(check only	/ one)	23 24 2	5 26
		Detailed Sumn	nary Page	27	28a		9 30b
Δr	ny information copied from such Reports and Statem	Lents may not be	e sold or used	hv anv ners			
	for commercial purposes, other than using the nam						
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
$\Big  angle$	American Hospital Association PAC	2					
	Full Name (Last, First, Middle Initial)						
Α.	BRIDGE PAC: Building Relationships In Diverse	∍ Geographic Er	nvironments l	PAC	Date of Di	sbursement	
	Matter Address 1999 at 0 to 199 Out				M M /	D D / Y Y	
	Mailing Address 499 South Capitol St., SW Suite 422				03	29 201	2
		State Zip	Code				
	Washington	DC 200			Transact	ion ID : 19801454	
	Purpose of Disbursement		Г				
	2012 Contribution			011	Amount of	Each Disbursement th	nis Period
	Candidate Name BRIDGE PAC: Building Relationships In Diverse Geograph	nic Environments P	AC	Category/ Type		5	000.00
	Office Sought: House Disbursen	nent For:		1,700		, ,	
	Senate	Primary	General		2012 Contr	ibution	
		Other (specify)	▼				
	State: District:						
_	Full Name (Last, First, Middle Initial)				D-4( D:	alassas and and	
В.	Jim Costa For Congress					sbursement	
	Mailing Address 2037 W Bullard Avenue				03	28 201	
	# 355				ų,	20,	
			Code		Transact	ion ID : 19827414	
	Fresno	CA 937	711				
	Purnosa of Dishursament						
	Purpose of Disbursement Contribution		Ir	011	Amount of	Each Disbursement th	nis Period
	•		[		Amount of	Each Disbursement th	nis Period
	Contribution		[	011 Category/ Type	Amount of		nis Period 000.00
	Contribution  Candidate Name  Rep. James Costa  Office Sought: House Disbursen	nent For: 2012		Category/	Amount of		
	Contribution  Candidate Name  Rep. James Costa  Office Sought:  House Senate  Disbursen	Primary	General	Category/	Amount of	, , , , , 1	
	Contribution  Candidate Name  Rep. James Costa  Office Sought:    House   Disbursen		General	Category/		, , , , , 1	
	Contribution  Candidate Name  Rep. James Costa  Office Sought:    House   Disbursen   Senate   President	Primary	General	Category/		, , , , , 1	
	Contribution  Candidate Name  Rep. James Costa  Office Sought: House Senate President  State: CA District: 20  Full Name (Last, First, Middle Initial)	Primary	General	Category/	Contributio	n	
<b>C</b> .	Contribution  Candidate Name  Rep. James Costa  Office Sought:    House   Disbursen   Senate   President	Primary	General	Category/	Contribution	n sbursement	000.00
<u> </u>	Contribution  Candidate Name  Rep. James Costa  Office Sought: House Senate President  State: CA District: 20  Full Name (Last, First, Middle Initial)	Primary	General	Category/	Contributio	n	000.00 Y Y
<u> </u>	Contribution  Candidate Name  Rep. James Costa  Office Sought:  State: CA  District: 20  Full Name (Last, First, Middle Initial)  Pete Sessions For Congress  Mailing Address PO Box 823047	Primary Other (specify)	General ▼	Category/	Contribution  Date of Di	n sbursement	000.00 Y Y
<b>C</b> .	Contribution  Candidate Name  Rep. James Costa  Office Sought:  State: CA  District: 20  Full Name (Last, First, Middle Initial)  Pete Sessions For Congress  Mailing Address PO Box 823047	Primary Other (specify)  State Zip	General ▼  Code	Category/	Contribution  Date of Di	n sbursement	000.00 Y Y
С.	Contribution  Candidate Name  Rep. James Costa  Office Sought:  State: CA  District: 20  Full Name (Last, First, Middle Initial)  Pete Sessions For Congress  Mailing Address PO Box 823047  City  Dallas	Primary Other (specify)	General ▼  Code	Category/	Contribution  Date of Di	sbursement  06 / Y Y Y 201:	000.00 Y Y
C.	Contribution  Candidate Name  Rep. James Costa  Office Sought:  State: CA  District: 20  Full Name (Last, First, Middle Initial)  Pete Sessions For Congress  Mailing Address PO Box 823047	Primary Other (specify)  State Zip	General ▼  Code	Category/	Date of Di	sbursement  06 / Y Y Y 201:	000.00 Y Y 2
<b>C</b> .	Contribution  Candidate Name  Rep. James Costa  Office Sought: House Senate President  State: CA District: 20  Full Name (Last, First, Middle Initial)  Pete Sessions For Congress  Mailing Address PO Box 823047  City Substitution  Candidate Name	Primary Other (specify)  State Zip	General ▼  Code 382	Category/ Type	Date of Di	sbursement  06 / 201:  ion ID : 19827420	000.00 Y Y 2
С.	Contribution  Candidate Name  Rep. James Costa  Office Sought:  State: CA  District: 20  Full Name (Last, First, Middle Initial)  Pete Sessions For Congress  Mailing Address PO Box 823047  City  Dallas  Purpose of Disbursement Contribution  Candidate Name  Rep. Pete Sessions	Primary Other (specify)  State Zip TX 753	General ▼  Code 382	Category/ Type	Date of Di	sbursement  06 / 201:  ion ID : 19827420	000.00 Y Y 2
C.	Contribution  Candidate Name  Rep. James Costa  Office Sought:  State: CA  District: 20  Full Name (Last, First, Middle Initial)  Pete Sessions For Congress  Mailing Address PO Box 823047  City  Dallas  Purpose of Disbursement Contribution  Candidate Name  Rep. Pete Sessions  Office Sought:  House  Disbursement	Primary Other (specify)  State Zip TX 753	General  Code 882	Category/ Type  011  Category/	Contribution  Date of Di  M M M 03  Transact  Amount of	sbursement  06 201:  ion ID: 19827420  Each Disbursement th	000.00 Y Y 2
c.	Contribution  Candidate Name  Rep. James Costa  Office Sought:  State: CA  District: 20  Full Name (Last, First, Middle Initial)  Pete Sessions For Congress  Mailing Address PO Box 823047  City  Dallas  Purpose of Disbursement Contribution  Candidate Name  Rep. Pete Sessions  Office Sought:  House Senate  Disbursen  Disbursen	Primary Other (specify)  State Zip TX 753  ment For: 2012 Primary	General  Code 382  General	Category/ Type  011  Category/	Date of Di	sbursement  06 201:  ion ID: 19827420  Each Disbursement th	000.00 Y Y 2
<b>C</b> .	Contribution  Candidate Name  Rep. James Costa  Office Sought: House Senate President  State: CA District: 20  Full Name (Last, First, Middle Initial)  Pete Sessions For Congress  Mailing Address PO Box 823047  City Substitution  City Substitution  Candidate Name  Rep. Pete Sessions  Office Sought: House Senate President  Disbursent  Senate President	Primary Other (specify)  State Zip TX 753	General  Code 382  General	Category/ Type  011  Category/	Contribution  Date of Di  M M M 03  Transact  Amount of	sbursement  06 201:  ion ID: 19827420  Each Disbursement th	000.00 Y Y 2
c.	Contribution  Candidate Name  Rep. James Costa  Office Sought: House Senate President  State: CA District: 20  Full Name (Last, First, Middle Initial)  Pete Sessions For Congress  Mailing Address PO Box 823047  City Sought: Sought: Sought Senate Purpose of Disbursement Contribution  Candidate Name  Rep. Pete Sessions  Office Sought: House Senate President	Primary Other (specify)  State Zip TX 753  ment For: 2012 Primary	General  Code 382  General	Category/ Type  011  Category/	Contribution  Date of Di  M M M 03  Transact  Amount of	sbursement  06 201:  ion ID: 19827420  Each Disbursement th	000.00 Y Y 2
C.	Contribution  Candidate Name  Rep. James Costa  Office Sought: House Senate President  State: CA District: 20  Full Name (Last, First, Middle Initial)  Pete Sessions For Congress  Mailing Address PO Box 823047  City Substitution  City Substitution  Candidate Name  Rep. Pete Sessions  Office Sought: House Senate President  Disbursent  Senate President	Primary Other (specify)  State Zip TX 753  ment For: 2012 Primary Other (specify)	General  Code 382  General	Category/ Type  011  Category/ Type	Contribution  Date of Di  M M M 03  Transact  Amount of	sbursement  06 / 201:  ion ID: 19827420  Each Disbursement the	000.00 Y Y 2
C.	Contribution  Candidate Name  Rep. James Costa  Office Sought:  State: CA  District: 20  Full Name (Last, First, Middle Initial)  Pete Sessions For Congress  Mailing Address PO Box 823047  City  Dallas  Purpose of Disbursement Contribution  Candidate Name  Rep. Pete Sessions  Office Sought:  House Senate President  State: TX  District: 32	Primary Other (specify)  State Zip TX 753  ment For: 2012 Primary Other (specify)	General  Code 382  General	Category/ Type  011  Category/ Type	Contribution  Date of Di  M M M 03  Transact  Amount of	sbursement  06 / 201:  ion ID: 19827420  Each Disbursement the	000.00 Y Y 2 nis Period 500.00